



FACILITY RENTAL APPLICATION
Wedding Reception : Saint Agnes Center
(select **all** rooms that apply/see attached floor plan)

St. Agnes Hall North Meeting Rooms: North-West Room North-Central Room North-East Room
West Meeting Rooms: West-South Room West-Central Room West-North Room
East Meeting Rooms: East-South Room East-Central Room East-North Room

WEDDING COUPLE:

Names/Phone Numbers/Email _____

Parishioner(s)? YES NO

Date Requested: _____ **Reception Start Time:** _____

Date (Decorating): _____ **Time Frame:** (4 hours max. between 2:30 & 10:00pm): _____

Number of People Anticipated? (250 max) _____ **Wedding Party number?** _____

PRIMARY CONTACT:

Name/Phone/Email _____

SECONDARY CONTACT (renter's designated contact for HN facilitator):

Name/Phone/Email _____

CATERER

Name/Phone/Email: _____

BARTENDER REQUESTED? YES NO If yes, are they Licensed or TIPS trained? YES NO

If yes, Name/Phone/Email: _____

Will you serve Beer? YES NO Will you serve wine? YES NO (no hard alcohol allowed in facility)

BAND? YES NO If yes, Name/Phone/Email: _____

DJ? YES NO If yes, Name/Phone/Email: _____

AMENITIES & SPECIAL REQUESTS (please select all requested): TV Pull down-Screen Projector

Gift Table Cake Table Welcome Table Photo Booth: (by Renter)

Other (please explain): _____

Additional Information & Room Layout Option, if known: _____

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FOR OFFICE USE ONLY:

Date Form Received: _____ Requested Date Available: YES NO \$500 Damage Deposit Received: YES NO

Date Approved: _____ By: _____

HNC Event Facilitator: Name: _____

Rental Fee Received: YES NO If yes, Amount: _____

Notes: _____