

FACILITY USE REQUEST FORM

Return to: Parish Office 1114 - 3rd Street SE, Rochester, MN 55904 (507) 288-7313 francis@stfrancis-church.org

Date(s) of Event:		
Time of Event: From to		
Room/Space requested:		
Is this a recurring event How often		
☐ Organization requiring insurance coverage (Attach Declaration of Coverage sheet.)		
Group:# Contact Name:		
Phone: Email:		
Today's Date: Type of Event:		
Approximate Size of Group (# of people who will attend event)		
Will children be attending this event? If Yes, please complete other side.		
Set up Time: I need access to room beginning at:		
Set up Needs: tables chairs. Please provide layout on other side.		
Clean up time: I will leave and lock up the room by:		
Additional Needs: (Audio/Visual equipment, Podium, Microphone, etc. Please check with Parish Center Office for available equipment. Please Note: Internet is NOT available in the church building.)		
Maintenance needed? (Billed at \$30 / hr. when facility is normally closed)		
☐ Yes (I agree to be billed if after hours) ☐ No (I will be responsible for clean-up)		
Please note that this event cannot be considered confirmed unless signed and approved.		
PARISH CENTER OFFICE USE ONLY		
Approved by:		
Entered in Facility Scheduler: (date) by		
Fees: Unable to schedule because:		

FACILITY USE REQUEST: LAYOUT	
FACILITY USE REQUEST: EVENT WITH CHILDREN	
	Therefore, it is important that we have accurate ing the facility. We also need accurate records of the ers of activities for children should request VIRTUS ® the activity. If you have questions about this pro-
Will children be attending this event? □ Yes	□ No
Age range of children attending: years	s to years of age.
Will children be supervised by their own parents	
☐ Yes If parents will be with their own children☐ No If No, please provide the following info	n the <u>entire</u> time that the facility is in use stop here. Transion:
What is the activity that children will be engage	
Please provide the full names of all adults who w	vill be involved with children at the activity:
Name	Virtus Training on file at:
Name	_ Virtus Training on file at:
Name	_ Virtus Training on file at:
Name	_ Virtus Training on file at:
are responsible for, or are involved in an activity with children	in additional adult supervisor should be added. ALL adults who must provide proof of VIRTUS® training and a background ore adults are used for this activity. VIRTUS® training is required
PARISH CENTER	OFFICE USE ONLY
VIRTUS ® references checked by:	Date: