



# THE CHURCH OF SAINT MONICA

PARISH RECTORY • 635 FIRST AVENUE  
 BERWYN, PENNSYLVANIA 19312-1652  
 RECTORY PHONE: (610) 644-0110 • FACSIMILE: (610) 695-0850  
 WWW.SAINTMONICACHURCH.ORG

## PARISH FACILITY REQUEST FORM

*This form must be completed in its entirety, signed and submitted to the Rectory Office for processing into the Parish Scheduling System. Your event booking will be confirmed once this information is approved and entered into the system.*

Date of Application	Time of Application	Date of Event
Name of Organization/Group	Responsible Contact \ Representative of Organization	
Home Telephone	Mobile (Cell) Telephone	
E-mail Address <i>(required)</i>	Purpose or Title of Event	

Facilities Requested: Building & Room(s)

For the following times:	Date: _____	Hours: From _____ to _____
	Date: _____	Hours: From _____ to _____
	Date: _____	Hours: From _____ to _____
	Date: _____	Hours: From _____ to _____

Will set-up of the facility be needed?     Yes     No

Date of setup: \_\_\_\_\_                      Time of setup: \_\_\_\_\_

Expected Number of Participants: \_\_\_\_\_      Estimated Number of Vehicles in Parking Lots: \_\_\_\_\_

*Please submit a plan or sketch of how the room should be or will be arranged.*

Number of tables required: \_\_\_\_\_      Number of chairs required: \_\_\_\_\_

Long (rectangle): \_\_\_\_\_    Round: \_\_\_\_\_      Podium Required:  Yes     No

Does this event require any audio or visual equipment?     Yes     No

Will this event require use of the house audio system?     Yes     No *(Church, Aud., Caf., Gym)*

Does this event require any other type of special equipment?     Yes     No

*If so, please specify type of equipment, quantity and any details including microphones and sound system use, etc...*

Will food and beverages be served on the premises?     Yes     No

Will you require use of the Education Center or Parish Center Kitchens?     Yes     No

Will you require use of the Education Center or Parish Center Ranges or Ovens?     Yes     No

Will you require use of the Education Center or Parish Center Refrigerators and Freezers?     Yes     No

Will alcohol be served on the premises?     Yes     No

*If so, the organization must submit an 'Application for a Special Occasion' with the PA Liquor Control Board.*



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## PARISH FACILITY REQUEST AGREEMENT

\_\_\_\_\_  
 Event

\_\_\_\_\_  
 Building & Room

\_\_\_\_\_  
 Date of Application

\_\_\_\_\_  
 Date and Time of Event

- \_\_\_\_\_ Organization is responsible for set-up and breakdown (including tables and chairs).
- \_\_\_\_\_ Organization is responsible for cleaning up after the event and taking all trash to the dumpster. *If additional cleaning is needed by our cleaning contractor, the organization will be responsible for the cost.* All rooms and facilities should be left in a orderly and clean condition, prepared for the next event, unless otherwise agreed upon and approved by the administration.
- \_\_\_\_\_ If any type of assistance is needed from our maintenance department, a work order must be completed and submitted to the Rectory Office at least ten (10) working days prior to the event.
- \_\_\_\_\_ You must sign-out keys from the Parish Rectory Office or Education Center Office. All keys must be returned within twenty-four (24) hours without exception. The keys must remain in the possession of the party who signs this form below.
- \_\_\_\_\_ With use of the facilities, any group or organization assumes responsibility for damage to the Church or School property. Any damage must be reported to the Parish Business Office at 610-644-0110 ext. 120 within twenty-four (24) hours.
- \_\_\_\_\_ Smoking is prohibited in ALL Parish, Education Center and School facilities.
- \_\_\_\_\_ This form must be signed in the presence of the Parish Business Manager or their designate in the Rectory Offices during normal business hours.

**PLEASE SIGN AND DATE THIS COPY AND RETURN TO THE PARISH OFFICE.**

\_\_\_\_\_  
**Event Contact/Representative**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parish Business Manager**

\_\_\_\_\_  
**Date**

\_\_\_\_\_ **FOR OFFICE USE ONLY** \_\_\_\_\_

Processed into the System: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ By: \_\_\_\_\_  
 Forwarded to Maintenance Dept: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ By: \_\_\_\_\_  
 Keys Returned to Office: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Rec. By: \_\_\_\_\_