



ST. JOHN NEUMANN
Catholic Church

APPLICATION FOR USE OF THE ST. JOHN NEUMANN

FAITH & FAMILY CENTER, PARISH OFFICE, ROOMS 4 & 5

and/or PAVILION

1. Name (Facility User): _____
2. Contact Person: _____
3. Address: _____
4. Home Telephone: _____ Cell Telephone: _____
5. Email Address: _____
6. Date of Event: _____
7. Actual Time of Event: (Starting time) _____ (Ending time) _____
Two Hour Set Up Time: From: _____ To: _____
8. Type of event: _____
9. Number of Guests Expected: _____
10. What St. John Neumann approved caterer will you using?

11. Will alcohol be served? _____ Cash Bar? _____
(If Yes to Cash Bar, you will need to submit a copy of your liquor permit to us prior to approval of alcohol sales in our Hall.)
12. Will there be entertainment? _____
13. If so, please describe: _____

OFFICE USE ONLY:	
Date Application Received: _____	Rental Amount: _____
Application Approved: _____	Application Denied: _____
Parish Office Manager Signature: _____	