## Church of St. Monica

1700 Buford Highway Duluth, GA 30097

## **FACILITY REQUEST**

Phone: 678-584-9947 Fax: 678-584-9760 <u>www.saintmonicas.com</u>

Admin Bldg., Classrooms, Lyke Hall, Nursery, Church, Narthex available Sunday -Saturday 9:45AM - 9:00PM

Saint Augustine Hall available Sunday – Saturday 8:00am-12 midnight

DATE OF REQU	DATE OF REQUEST: DA				TE APPROVED:			
TYPE OF EVENT:								
NAME OF ORGANIZATION, FAMILY OR INDIVIDUAL:								
CONTACT PER	CONTACT PERSON:				PRIMARY PHONE:			
EMAIL CONTA	CT:							
ADDRESS:								
Recurring - We Rooms are assigned b	-	-			ections requesting lit	aurgical involvement must		
be approved by liturgy								
DATE & DAY (of function)	SET UP (building access- dependent upon	START (Time to be published)	ENDING (Published ending time)	CLEAN UP (departure time from building. 30-	NUMBER OF ROOMS	NUMBER OF PEOPLE EXPECTED		
EX: 1/17/15 Saturday	event size) 6:45PM	7:00PM	8:45PM	60 mins. dependent about event size) 9:00PM	3	30		
E aviana and	Fauinment Requested:  Kitchen Use: (you must have 2 kitchen certified people).							
Equipment Requested:				Will kitchen be required? ☐ Yes ☐ No				
☐ TV & DVD ☐ Overhead Projector				Is your group kitchen certified? ☐ Yes ☐ No				
☐ Microphone ☐ Recorder 				, ,				
☐ Projector	☐ Podiu		1 <sup>st</sup> Kitchen Contact person (name/email/phone)					
☐ Sound Systen	n 🗆 Screei	n						
Setup: Indica	Setup: Indicate room preference please:				2 <sup>nd</sup> Kitchen Contact person (name/email/phone)			
•				Licensed caterers using the kitchen must complete our				
(Each organization is responsible for their own set up/clean up)  □ Classroom (seats up to 32)				parish kitchen training at least 30 days prior to event and be present during event.				
				Proof of insurance is required for caterers.  If a licensed caterer is not being used for the event, then 2				
Lyke Hall (chairs only 150/with tables 120)				people must complete our parish kitchen training at least				
☐ St. Augustine Hall (350 chairs only/160 with tables &dance floor/ 224 with tables no dance floor)				30 days prior to event to become kitchen certified and be present during event.				
□St. Aug. Hall A □Hall B □Hall C				Caterers or persons using the kitchen must comply with all items on kitchen checklist.				
□ Narthex				Refrigerator □ Coffee maker □Pitchers/Water □ Ice maker □				
				Will alcohol be served at this event? Y□N□ Will the event use an outside vendor/DJ? Y□N□				

Email completed form to <a href="Madeline.Murphy@saintmonicas.com">Madeline.Murphy@saintmonicas.com</a> or place in drop box outside the Faith Formation Building. All requests subject to liturgical events. You will be contacted to confirm approval of request by Facility Scheduler <a href="Mmurphy@saintmonicas.com">Mmurphy@saintmonicas.com</a> or Facility Coordinator Carol Skowronski Carol@saintmonicas.com

## OFFICE USE ONLY

Copy to: □Facility Scheduler □Facility Coord.□ Fac. Manager's□Liturgy Committee(if necessary)										
Rcvd by/Date:										
Approved by/Date										
Special Lockup (ex. No alarm?)										
Type of setup to be used:  ☐ Classroom ☐ Lyke Hall ☐ St. A  Number of tables required  Number of chairs requested			□ Dar □ Rec	_						
Outside Vendor Alcohol Liability Insurance required Policy Compliance statement receive	W-9 Complete Policy sent	ed Yes□ Yes□ Yes□ Yes□		N/A □ N/A □ N/A □ N/A □						
Function Reconfirmed: Equipment requested Kitchen Check List Sent Deposit Required	Yes□ Yes□ Yes□ Yes□	No □ No □ No □ No □								
Staff Follow up										
Event Cancelled	By:			Date						
Room Inspected		Ву:	_							
Equipment Returned in working order Follow up letter required:	Yes□ Yes□	No □ No □								