

Date Form Received _____



St. Catherine of Siena Parish
Event Scheduler Form
(Submissions 1-4 months prior to event)

Name of Organization: _____

Name of Event: _____ # People Expecting _____

Event Date: _____ 2018 Event Start/End Time: From: _____ to _____

Set Up Date: _____ Time: From: _____ to _____

Set Up Date: _____ Time: From: _____ to _____

Clean Up Time: From: _____ to _____

Individual Responsible for Clean-Up and Lock-up: _____ Cell # _____

Will Food/Beverages be served? Food Potluck Non-Alcoholic Beverages Alcohol

**If Alcohol sold, license is required by State of California (2 weeks prior to event) License Received On: _____*

Facility: Church Parish Hall Only Parish Hall & Kitchen Parish Center: Room # _____ Library

Parking: Upper Yard (Next to Preschool) Lower Yard (School/Parish yard)

Keys Requesting: PC PC/Library Church Upper/Yrd Gate Parish Hall Lwr/Yrd Gate

Note: Please pick up keys ON **Thursday by 4 PM** prior to the event from the Parish Office.
Please call the office if you need to make alternative arrangements

Parish/School Fundraiser: YES NO Ministry Fundraiser Organization Private Event

Facility Rental Only: YES NO Special Event Non-religious Religious

100% Proceeds to Benefit: _____ *(does not apply to school/religious events)*

if not 100%, please indicate to whom and by %'s:

% _____ % _____ % _____

Liability insurance purchased for event: Proof of Insurance on file in office: yes no

Organization President: _____
(Print Name) (Sign Name)

Phone: _____ Email: _____

Event Coordinator: _____
(Print Name) (Sign Name)

Cell Phone: _____ Email: _____

2nd Contact: _____ Cell Phone: _____

OFFICE USE ONLY:

Pastor Authorization: _____ Date: _____

Fee: \$ _____ Date: _____ Check # _____
4/1/18 Date Rec'd _____

Posted to Scheduler: _____