

FACILITY UTILIZATION FORM

J	representing		
1	•	· ·	lities upon completion of my use
	•		ir or replacement of all property gligence on my part, excluding
normal wear and tear. By my			
I request use of the following	facilities:		
request use of the following	identites.		
For the purpose of:			
Date and time for use of the f	acilities:		
Fee Schedule (Non-parishion	er use):		
Use of church: \$300	Paid:	Date:	Received by:
Use of social hall: \$100	Paid:	Date:	Received by:
Cleaning deposit: \$100	Paid:	Date:	Received by:
Other:	Paid:	Date:	Received by:
Group Representative & Title		Signature	
Phone number		Email Address	
Mailing Address			
Approval:			
Immaculate Conception Pastor/Delegate			
Signature			