

CATHOLIC COMMUNITY OF MANISTEE

254 Sixth Street • Manistee, Michigan 49660 • 231.723.2619 • FAX 231.723.6827

FACILITIES REQUEST FORM

To facilitate effective scheduling of Catholic Community of Manistee's facilities, all groups are requested to complete a FACILITIES REQUEST FORM for each event to be held. For events at one of the Church sites, this form shall be presented to the CCM parish receptionist. For events at the school, this form shall be presented to the school principal. The signature of the Pastor or Business Manager shall constitute official confirmation of approval.

Date(s) Requested: _____ Reserved Time: _____ to: _____

Actual Event Time: _____ to: _____

Event: _____ Sponsoring Group: _____

Number of Participants: _____ Contact Person & Phone: _____

E-mail Address: _____

CHURCH USE:

- | | | |
|---|--|--|
| <input type="checkbox"/> St. Joseph Church | <input type="checkbox"/> Guardian Angels Church | <input type="checkbox"/> St. Mary Shrine |
| <input type="checkbox"/> SJ Parish Center
Room _____ | <input type="checkbox"/> GA Parish Hall | <input type="checkbox"/> SM Parish Hall |
| <input type="checkbox"/> SJ Lower Level
Room _____ | <input type="checkbox"/> CCM Office Prayer Room | <input type="checkbox"/> SM St. Ann Room |
| | <input type="checkbox"/> CCM Office Meeting Room | <input type="checkbox"/> SM St. James Room |

SCHOOL USE:

- | | | | |
|---|---|------------------------------|--|
| <input type="checkbox"/> Library | <input type="checkbox"/> Cafeteria | <input type="checkbox"/> Gym | <input type="checkbox"/> Chapel (liturgical services only) |
| <input type="checkbox"/> Elementary School: | <input type="checkbox"/> Class rooms - Specify Room #'s _____ | | |
| <input type="checkbox"/> High School: | <input type="checkbox"/> Class rooms - Specify Room #'s _____ | | |

Special Equipment Needed: _____

Arrangements for Meals/Refreshments: _____

Special Arrangements/Set-up Instructions: Diagram of set-up on reverse side

COMPLETED BY CCM PARISH STAFF

(If Applicable)

Received By: _____ Date _____

Fee Assessed: \$ _____

Pastor or Business
Manager's Approval _____ Date _____

Principal's Approval _____ Date _____
(If Applicable)

WRITTEN CONFIRMATION/DENIAL
OF REQUEST WILL BE SENT TO
REQUESTING DEPARTMENT/GROUP
IN A TIMELY MANNER. _____

Diagram of Facility Set-up