

## FAMILY LIFE CENTER SCHEDULING REQUEST

## Renter Information

Parishioner Full Name:	
Phone number:	
Email:	
Eman.	
Address, City, State, Zip:	
Event Information	
Date of Event:	
<b>Approximate Number of Attendee</b>	s:
Type of Event:	☐ Birthday (i.e., 1, 16, 18, 21, 50, 60, 70 and above)
	☐ Baptism reception
	☐ Baby shower
	☐ Wedding Anniversary (i.e., 1, 25, 50 and over)
	☐ Retirement
	Other:(this will need the Pastor's approval)
	(uns will need the rasior's approvar)

Space Reserved (check all that apply):	☐ FLC Main Hall
[*NOTE: if approved, you are only	☐ Kitchen
permitted to use the rooms you applied for here]	☐ Meeting Room(s):
Will you be serving alcohol in any form?	☐ Yes
	□ No
Kitchen Use (check all that apply):	☐ Kitchen prep area, including fridge and freezer
	☐ Warmers
	☐ Any stove (i.e., anything with a direct flame)
Audio/Visual Equipment Use (check all that apply):	☐ Microphone
	☐ Speaker system (e.g., to play music)
	☐ Projector & Side Screens
	Li Projector & Side Screens
Event Start Time: [NOTE: event times CANNOT overlap with any Mass times]	AM/PM
times CANNOT overlap with any	
times CANNOT overlap with any Mass times] Set Up Time: [NOTE: this is	AM/PM Date: Time:
times CANNOT overlap with any Mass times]  Set Up Time: [NOTE: this is subject to change]  Initial Acknowledgements for Family  I have received, read and will abid	AM/PM Date: Time:
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## FAMILY LIFE CENTER RENTAL AGREEMENT & CONTRACT

\*\*\*This part of the form is to be completed after approval of the event\*\*\*

Rental Use an	d Guidelines
☐ We have g	gone through the Guidelines for Use of the Family Life Center.
☐ We have §	gone through Responsibilities of Holy Spirit Family Life Center Users.
Payments & F	Tees
• Check	s: Damage Deposit: <u>\$750.00</u>
	FOR OFFICE USE ONLY:
	Check Received Date:
	Check number:
0	Usage/Utilities Fee: <b>\$450.00</b>
	FOR OFFICE USE ONLY:
	Check Received Date:
	Check number:
• Online	<b>:</b>
0	Diocesan Liability Insurance: ~\$100.00
0	Instructions found at "Diocese of St. Augustine Insurance Tulip Program" document
0	When completed, please email a copy of the confirmation email or receipt to info@holyspiritchurchjax.org
	FOR OFFICE USE ONLY:
	Confirmation Received Date:
[For Office U	se ONLY] Key Use and Tour/Pre-Inspection
☐ Key check	c out DATE
☐ Key return	DATE

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