

CALENDAR SCHEDULING ROOM/BUILDING/SITE REQUEST FORM

Please return completed form as soon as possible,
but no later than 24 hours in advance to the Parish Office Receptionist.

CALL TO CONFIRM RECEIPT if faxing or emailing

St. Catherine Laboure Parish 9740 Sappington Road, Saint Louis, MO 63128
Phn 314-843-3245 Fax 314-843-3196 email: information@sclparish.org

Name of Contact Person: _____ Cell #: _____

Email Address: _____ Organization: _____

FACILITY/SITE/ROOM Requested: _____

**NOTE: FIELDS AND GYM NOT TO BE RENTED/USED BY OUTSIDE GROUPS: USAGE ONLY
ALLOWED WHEN VETTED BY ATHLETIC ASSOCIATION DIRECTOR.**

Event Date: _____ Reserved Time: _____ to _____

ACTUAL TIME OF EVENT: _____ to _____

Number of People Attending: _____ Is this a parish function? _____ (Usage Charges may apply)

Purpose of function:

NOTICE: The Pastor & Parish Staff reserve the right to cancel or move you should the need arise.

**IF SET UP IS NEEDED, A SEPARATE REQUISITION FORM MUST BE FILLED OUT AT LEAST
FIVE DAYS PRIOR TO THE EVENT. THIS REQUEST FORM MUST BE SUBMITTED TO: JIM FAUST
c/o PARISH OFFICE (set up/clean up fees may apply)**

Please note Tables may be limited on certain days due to parish events, and at other times are available on first come first serve basis.

The undersigned party or parties, in consideration of the use of the described facility of St. Catherine Laboure Parish, hereby agrees to hold harmless and indemnify St. Catherine Laboure, the Archbishop of St. Louis, and the Archdiocese of St. Louis, their respective officers, directors, employees, agents, and volunteers from all claims, including all loss, cost, damage, and expense, the undersigned, its or their employees, volunteers, or invitees. The undersigned agrees to return key immediately following event and to leave facility in same or better condition as it was received and agrees to pay for property replacement, and/or custodial service fees as determined by the Parish Office. The Undersigned User understands that no insurance is provided by the Archdiocese of St. Louis, nor St. Catherine Laboure Parish.

Name of Parishioner (Signature): _____ (Printed name): _____

Address: _____ Zip Code: _____ Date: _____

EMAIL ADDRESS: _____

01/2022