

**Saint Patrick Catholic Church  
Family Life Center – Facility Use Request**

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*This form is to be completed by the person who will be the Responsible Party for this reservation.  
Additional information may be included on the back of this sheet.*

**I/We hereby request the use of the Family Life Center as indicated below:**

**Individual Making the Request** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Alt. Phone** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Check one:**

- This request is for a private individual/family**
- This request is on behalf of a church or organization**  
(Complete Church and/or Organization name, address, and phone as follows)

**Church and/or Organization:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Date(s) Requested** \_\_\_\_\_

**Beginning time:** \_\_\_\_\_ **Ending time:** \_\_\_\_\_ (including set-up and clean-up)

**Space being requested (check all that apply):**     **Main Lobby**     **Gymnasium**  
 **Locker Rooms**     **Family Life Room**     **Conference/Meeting Room**

**Describe the activity or event for this request:**

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**How many people do you expect for this event?** \_\_\_\_\_

**Will food or drink be served at this event?**     **Yes**     **No**

**If Yes, please describe**

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**If this request is approved, I/We agree to abide by the FLC Procedures and Policies, to assume financial responsibility for all damages resulting from our use, to execute the User Agreement, and complete the User Orientation.**

**Responsible Party (print name)** \_\_\_\_\_

**Signature of Responsible Party** \_\_\_\_\_

**Date** \_\_\_\_\_