

Parish Building Request Form

Name of Group _____

Is this a Parish Organization Yes _____ No _____

Person Responsible/Contact Person _____

Address _____

Phone Numbers (s) _____

Request for Weekly _____ Monthly _____ Other _____

Day(s) and Time(s) _____

Location _____

Date of First Meeting _____

Certificate of Insurance Submitted _____

Certification of Letter Certifying Background Checks _____