

St. Stephen the First Martyr Church

75 Sanfordville Rd., Warwick, NY 10990 | (845) 986-4028
www.ststephenchurchwarwick.org | info@ststephenchurchwarwick.org

FACILITY USE REQUEST

Today's Date:		Date Req'd:		Time Begin:	
Time End:		Set-up Time:		Cleanup Time:	

Space Requested at Parish Community Center:

Gymnasium		Stage/Kitchen		
Msgr. O'Connor Hall		Hall w/Kitchen		
Msgr. Corrigan Conf. Rm. & Learning Ctr.				Classroom
Pennings Field				

Contact Information:

Organization/Individual: _____

Designated Contact: _____ Cell Phone: _____

Address: _____ Email: _____

Private Event: Y N Non-Profit Organization: Y N

Event/Meeting Details:

Name of Event/Meeting: _____

Brief Description of Event: _____

Recurring Event/Meeting: ___ Monthly ___ Weekly Start Date: ___ End Date: ___

Number of participants: ___ Adults ___ Children

Admission Fee, if applicable: ___ Proceeds to be used for: _____

Will food be served? ___ If yes, please provide details: _____

Will you need tables/chairs? _____

This form is to be used for providing information on your requested event. There will be additional materials regarding insurance requirements, security deposit information, rental fees, etc. once this request is approved. St. Stephen's Church will have final approval regarding all aspects of events held on its campus.

Office Use Only:

On Parish Calendar: ___ Tentative ___ Approved ___ Date Approved

Security Deposit Rec'd: Chk #: ___ Amt.: \$ ___ Certificate of Insurance Rec'd: ___

Proof of Non-Profit Status Received: _____