

**Parish Facilities
Reservation Form**

Space being reserved: _____

Date of the Event: _____

Arrival Time: _____ Starting Time: _____ Length of Event: _____

Name of Group requesting to reserve space: _____

Describe the group's relationship to the Parish and/ or to Archdiocese of Cincinnati, if any:

Contact Person:

Position: _____

Daytime telephone number: _____ cell number: _____

Email address: _____

Mailing Address: _____

Purpose of Event: _____

Number of attendees: _____

The undersigned acknowledges having received a copy of the Facilities Use Agreement and the Hold Harmless Statement. Likewise, a Certificate of Insurance or purchase of Special Events coverage will need to be secured.

Date: _____

Signature _____