



SAINT JOHN BREBEUF CATHOLIC CHURCH

8305 North Harlem Avenue Niles, IL 60714 ■ www.sjbrebeuf.org ■ (847) 966-8145

APPLICATION FOR FACILITY USE

Organization Making Request: _____

Contact Person Making Request: _____

Address: _____

Email Address: _____ Phone Number: _____

Facility Requested: _____

Date(s) Requested: _____

Time Requested: Set Up Time: _____ Ending Time: _____

Starting Time: _____ Clean Up Time: _____

What Type of Event or Activity: _____ Public/Invite Only: _____

Who is Attending Event or Activity: _____ Public/Invite Only: _____

What is the Agenda of the Event or Activity: _____

If an Archdioceses Event, is it on the Archdioceses Website? ☐ Yes OR ☐ No

Will Food Be Served at the Event? ☐ Yes OR ☐ No Name Nearest Relative: ☐ Yes OR ☐ No

Catered or Prepared: _____ Alcohol?: ☐ Yes OR ☐ No

(A copy of your insurance is required. If insufficient, insurance can be acquired through the Archdioceses.)

Number of Participants Anticipated: _____ Age Group of Attendees: _____

A set up and floor plan must be provided one week in advance. Will any AVA equipment be needed?

Contact John Mazur (Maintenance): 847-309-5082

Fee: \$ _____ Date & Fee Approval by Fr. Jason Torba: ☐ Yes OR ☐ No

Date Deposit Paid: _____ Amount: \$ _____

Date Balance Paid: _____ Amount: \$ _____

Donation Amount: \$ _____

Entered By Office Staff (Name): _____ Date: _____

Has Activity or Event Been Entered into the Calendar: ☐ Yes OR ☐ No

Has Activity or Event Been Entered into Mass Book: ☐ Yes OR ☐ No