Date received: _____

St. Catherine of Siena Parish
Event Scheduler Application

Name of Event: _____ **Date Requested:** _____

 # Participants Expected: _____

Name of Ministry/Organization: _____

Event Coordinator: **Name**: _____ **Email**: _____

Cell Phone: _____ **Alt. Phone:** _____

Liability Insurance: **On File:** O Yes O No, it's attached O No, we must purchase from Diocese for this event.

Coordinator #2: **Name**:_____**Email**: _____

Cell Phone:_____**Alt.Phone:** _____

Event Start/End Time: **DATE**: _____ **Start**: _____ **End**: _____

Set-up Start/End Time: **DATE**: _____ **Start**: _____ **End**: _____

Clean-up Start/End Time: **DATE**: _____ **Start**: _____ **End**: _____

Individual Responsible for Clean-Up/Lock-up _____ Cell: _____

Will food be served? O Yes, pot-luck food O Yes, catered *(If catered, provide liability insurance certificate for caterer)

Will beverages be served? O Yes, non-alcoholic O Yes, alcoholic O No

Will beverages be sold? O Yes, non-alcoholic O Yes, alcoholic *(If sold, obtain license from State of California to post)

Facility Requested: O Parish Hall & Kitchen O Parish Hall O Parish Center Library O Parish Center Room _____

Parking Requested: O Upper yard (near parish center/preschool) O Lower yard (near school/church)

Keys Requested: O PH O PC O PCL O Church O Upper yard gate O Lower yard gate O Garage

Please Note: Keys should be picked up on **Thursdays prior to 4 PM** for weekend events. Please call the parish office to make alternate arrangements, if necessary.

Fundraiser: O Yes O No **Special Religious Event:** O Yes O No **Private Event**

Purpose of Fundraiser: _____

_____

Benefit to St. Catherine Parish: _____

Beneficiary of Fundraiser: If there is more than one beneficiary, please list percentages of profits that will be donated.

100% of the proceeds: _____; or _____% _____;

_____% _____; _____% _____.

Ministry Leader/Organization President Name: _____ _____ _____

Print Name Signature Authorization Date

Cell Phone:_____

Pastor Authorization: _____ **Date**: _____

Date Available: O Yes O No **Posted to Scheduler**: O Yes O No

Fee Paid: O Yes O No DATE: _____ CH#_____