Our Lady of Peace Church and Shrine 2800 Mission College Blvd. Santa Clara, CA 95054

Tel: 408-988-4585 Fax: 408-988-0679

www.olop-shrine.org



Facilities Reservation Form

Reques	stor Information
Parishioner □Yes □ No	Today's Date:
Requester's Name	
Address	
E-Mail	_Phone(H)(C)
Ministry or Group Name: Requestors from outside the parish will need to complete add	ditional Diocesan forms
	nt Information
Event Dinner	Number of peopleother liquor (liquor license required if sold)
Request	ed Date and Time
□ Weekly: Day of the week: Start Time □ □ AM□PM End Time □ □ Monthly: Day of the month: □	Start Date:
	□ AM □ PM (include set-up and clean-up time) Resources Requested
□ Family Learning Center □ Room(s)	☐ Gym (☐Tables ☐ Chairs ☐ Chairs ☐ Stage ☐ Portable PA System
Erables Bellans	
□ Rectory Annex Room(s)	

Do	nation	
Please help defray the parish's expenses for utilities, cleans Gym-\$150/hr; Kitchen-\$50/hr; Classroom-\$50/hr;	ing, maintenance, and event support. Suggested donations are: Church Hall- \$50/hr; Shrine- \$50/hr	
Donation Amount:		
Agr	eement	
I agree to the following: - The Parish reserves the right to reschedule or cancel even - The Requestor is responsible for set-up, tear-down, and c - The Requestor is responsible for any missing or broken e - The Requestor will notify the Parish immediately if event	lean-up unless otherwise arranged quipment	
Requestor's Signature (non-transferable)		
Office	Use Only	
Approved By Pastor:		
Approved by Facilities Manager: (Joe Mastroien	i)	
Date of Computer Entry Date Reserving Party Notified	by	
Date Reserving Party Notified	by	
Notes:		
T		
For outside users: □TULIP form filled		
□TULIP form mailed by	Date	
□Diocesan Outside User Agreement filled		
Outside User Agreement mailed by	Date	