

Santa Cruz Catholic Church
1100 Main Street; P. O. Box 187
Buda, TX 78610

Non-Rental Meeting Room Request Form

Organization: _____

Contact Person: _____ Parish ID# _____

Telephone Nos. _____

E-mail address: _____

Purpose/Type of meeting: _____

Meeting dates requested (*enter each actual date, i.e. Tuesday September 22, Tuesday October 27, Tuesday November 24, etc. and also circle requested meeting dates on the attached calendar*):

Note: Requests limited to 12 months maximum and must be renewed annually.

Meeting times requested: Start time: _____ End time: _____

Note: Parish premises must be vacated by 10:30 pm.

Number of people attending meetings: Adults _____ Children _____

Will an additional room(s) be required for childcare: Yes No

If YES, name of person certified by diocese to care for children (EIM): _____

Age range of children: _____

Will food be served: Yes No

Are decorations being planned: Yes No

Will music be used: Yes No

Will sound/video equipment be used: Yes No

Room(s) requested:

- | | | |
|---|---|---|
| <input type="checkbox"/> Church nave | <input type="checkbox"/> Church cry room | <input type="checkbox"/> Church working sacristy |
| <input type="checkbox"/> Chapel | <input type="checkbox"/> PAC Fr. Deane Hall | <input type="checkbox"/> PAC office room # _____ |
| <input type="checkbox"/> PAC K/C room #301 | <input type="checkbox"/> PAC SHMC room #321 | <input type="checkbox"/> PAC conference room #313 |
| <input type="checkbox"/> RE Building classroom/office/library | Room # _____ | |
| <input type="checkbox"/> Other | _____ | |

Total number of rooms requested for each event: _____

I have read and agree to the guidelines for the use of parish meeting facilities and attest that the above information is accurate to the best of my knowledge:

Signed _____ Date _____

Approval Signatures: Facilities Manager _____ Date _____

Building Use Coordinator _____ Date _____

Pastor _____ Date _____