

# DIVINE MERCY PARISH

254 Sixth Street • Manistee, Michigan 49660 • 231.723.2619 • FAX 231.723.6827

## FACILITIES REQUEST FORM

To facilitate effective scheduling of Divine Mercy Parish's facilities, all groups are requested to complete a FACILITIES REQUEST FORM for each event to be held. For events at one of the Church sites, this form shall be presented to the parish receptionist. For events at the school, this form shall be presented to the school principal. The signature of the Pastor or Business Manager shall constitute official confirmation of approval.

Date(s) Requested: \_\_\_\_\_ Reserved Time: \_\_\_\_\_ to: \_\_\_\_\_

Actual Event Time: \_\_\_\_\_ to: \_\_\_\_\_

Event: \_\_\_\_\_ Sponsoring Group: \_\_\_\_\_

Number of Participants: \_\_\_\_\_ Contact Person & Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

### CHURCH USE:

- |   |  |
|---|--|
| <input type="checkbox"/> St. Joseph Church          | <input type="checkbox"/> SJ Parish Center Room _____ |
| <input type="checkbox"/> Parish Office Meeting Room | <input type="checkbox"/> SJ Lower Level Room _____   |

### SCHOOL USE:

- |                                  |                                    |                              |  |
|----------------------------------|------------------------------------|------------------------------|--|
| <input type="checkbox"/> Library | <input type="checkbox"/> Cafeteria | <input type="checkbox"/> Gym | <input type="checkbox"/> Chapel (liturgical services only) |
|----------------------------------|------------------------------------|------------------------------|--|

Special Equipment Needed: \_\_\_\_\_

**Arrangements for Meals/Refreshments:** For events open to the public, a *licensed* caterer is required to use our parish center kitchen. They may need to get a temporary license for the event from the Health Dept. \$100 per day insurance is required through our insurance carrier.

**Special Arrangements/Set-up Instructions:** Those using any of the facilities are responsible for their own setup and also for returning everything to its original setup.

### COMPLETED BY PARISH STAFF

(If Applicable)

Received By: \_\_\_\_\_ Date \_\_\_\_\_

Fee Assessed: \$ \_\_\_\_\_

Pastor or Business  
Manager's Approval \_\_\_\_\_ Date \_\_\_\_\_

Principal's Approval \_\_\_\_\_ Date \_\_\_\_\_

(If Applicable)

WRITTEN CONFIRMATION/DENIAL  
OF REQUEST WILL BE SENT TO  
REQUESTING DEPARTMENT/GROUP  
IN A TIMELY MANNER. \_\_\_\_\_

## Divine Mercy Parish Facility Rental Rates

June 15, 2015

Rental rates of our facilities have been reviewed and the changes are noted below.

Rental fee's are waived for ministries within the umbrella of the church.

Non-profit Christian based uses will be approved on a case by case basis.

Funerals held at the parish will be afforded use of the hall for the luncheon.

Only Registered Active Parishioners will be allowed to rent the facilities.

Rates per one calendar day:

<u>Location</u>	<u>Rate</u>	<u>Insurance</u>	<u>Deposit</u>
St. Joseph Parish Center	\$50.00	\$100.00	\$200.00
St. Joseph Parish Center Lounge	\$50.00	\$100.00	\$ 75.00
SJPC Meeting Rooms	\$0.00	N/A	N/A

The deposit must be received to reserve the date. The rental and insurance payments must be received three (3) weeks prior to the rental date. Deposits will be released within seven (7) days after rental, provided there are no damages or cleaning charges.

~Don Digna, Business Manager

○ **Read and follow Guidelines/Sanitation and Safety Procedures**

- **Cleaning supplies are available in the kitchen**
- **Counters washed with Bleach water (one half cap per gallon)**
- **All sinks are cleaned and dried**
- **Refrigerator doors wiped off**
- **Pans washed, dried and put away**
- **Stoves and ovens are cleaned and wiped off**
  - **Check to make sure pilots are lit on ranges after cleaning**
- **Sweep kitchen floor**
- **All trash is to be placed in the dumpster. Do not leave partial bags in the trash cans.**
- **All tables/chairs to be wiped clean and the chairs push in**
- **Vacuum dining room**
- **All windows closed and locked**
- **All lights turned off**
  - **Bathrooms, Kitchen, Hall, entry way, leave light on over the stairway**
- **All Exterior doors locked**
  - **Next to the kitchen and the main entry**

All clean up completed: \_\_\_\_\_ Date: \_\_\_\_\_

Please leave this form on kitchen counter when finished. Thank you

Completing this checklist will help to ensure your security deposit is returned and/or continued use of the facility in the future.