

All COVID protocols from the IDPH must be followed at all gatherings.

St. Matthew Parish Event Request

Please complete this form and submit to the Parish Center no later than one month prior to event.

Name of Event _____

Description _____

Organization hosting event _____

Date: _____ Time (including set up & clean up) _____ am or pm

Person in-charge _____ Staff Member _____

Phone #: Cell phone _____

Estimated attendance _____

Desired location:

_____ Hurley Hall _____ Church _____ PC Marian Room (Downstairs)

_____ Gym _____ PC Upper Room

_____ Parking Lot _____ PC St. Joseph Room (Dining Room)

Your group is responsible for set up. If help is needed, please specify:

Set up requirements:

_____ Chairs only _____ # of tables

_____ Tables only _____ # of chairs

_____ Tables with chairs

Stage (by approval only): ___Y / ___N Sound System: ___Y / ___N Podium: ___Y / ___N

Microphone ___Y / ___N Kitchen: ___Y / ___N. If kitchen will be used, please specify purpose:

Due to COVID Regulations – No food or drink can be served at this time

Note: If food and drinks are brought to the event, please observe the rules of the DuPage County health dept. No left over food are allowed to be stored in the refrigerator at any parish facility. Kitchen must be cleaned in accordance with the DuPage County health department guidelines. See clean-up checklist posted in the specified room above for further details.

Event and use of the Facility Checklist:

Key check out must be approved by facility manager.

Key check out time:

Monday thru Thursday:	From 8:30 am - 12:00 pm 1:00 pm - 4:30 pm.
Friday:	From 8:30 am to 2:00 pm

Keys must be returned to parish center drop box at conclusion of event.

All tables and chairs must be returned to their proper places.

Clean-up of the room and all garbage must be taken out to the garbage bin.

Respect of the space is highly expected from everyone that uses the parish facility.

By signing below, we understand and abide the rules and regulations of St. Matthew Parish. Any damage that maybe caused by this event is the responsibility of the group/organization hosting this event. Failure to follow rules may result to suspension or denial of privilege of any future request made by the group/organization.

Organization Representative:

Staff Representative:

Printed Name /Signature and Date

Printed Name /Signature and Date

Approved by: _____

Copy to maintenance/staff _____