

**ST. MARY OF THE ASSUMPTION PARISH**  
**1 St. Mary's Hill, Lancaster, NY 14086**

**BUILDING REQUEST FORM**

**ORGANIZATION NAME** \_\_\_\_\_

Total # of Participants \_\_\_\_\_ Total # of St. Mary's Participants \_\_\_\_\_

**CONTACT** \_\_\_\_\_ phone \_\_\_\_\_ email \_\_\_\_\_

**ROOMS AND TIMES REQUESTED:**

**DATES/DAY OF WEEK:** \_\_\_\_\_ **EVENT NAME:** \_\_\_\_\_

**ROOM:** \_\_\_\_\_ **START TIME:** \_\_\_\_\_ **END TIME:** \_\_\_\_\_

**Additional Set Up Time :** \_\_\_\_\_ (minutes) **Take Down Time:** \_\_\_\_\_ (minutes)  
.....

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**ROOM:** \_\_\_\_\_ **START TIME:** \_\_\_\_\_ **END TIME:** \_\_\_\_\_

**Additional Set Up Time :** \_\_\_\_\_ (minutes) **Take Down Time:** \_\_\_\_\_ (minutes)  
.....

**ADDITIONAL COMMENTS OR NEEDS:** Please list here any items that the custodial staff is expected to **get** for you. If the custodial staff is expected to help your organization **set up** because of infirmity of members, please specify what needs to be done (continue on back).

\_\_\_\_\_

***I understand that the entrance door cannot be left open at any time; a responsible person must let in the participants. I understand that the facility must be put back into the condition in which it was found or better. I understand that failure to do so may result in future restriction of use of the facility. I am aware that any damage must be immediately reported to maintenance. If there is an accident, I am aware that an accident report must be completed in a timely manner. I know that event cancellations must be reported to the rectory.***

**Signature of Contact Person** \_\_\_\_\_ **Date** \_\_\_\_\_

**Authorized by** \_\_\_\_\_