

St. Timothy Catholic Church
Facility Usage Form

Date Requested: _____ Hours (including setup): _____

Group Name: _____

Group Contact: _____

Address: _____

Phone: _____

St. Timothy Contact: _____

Number of participants: _____

Please mark the areas you would like to reserve and the configuration needed.

Space Needed: Parish Center Hall (capacity 340 w/tables, ___ 400 w/chairs only___)
(# tables _____ # chairs _____)

Room 1 (capacity 24 w/tables, ___ 50 w/chairs only ___)

Room 2 (capacity 36 w/tables, ___ 100 w/chairs only ___)

Room 3 (capacity 24 w/tables, ___ 50 w/chairs only ___)

Room 4 (capacity 24 w/tables, ___ 50 w/chairs only ___)

Church Main Sanctuary _____ (capacity 1344)

Day Chapel _____ (capacity 150)

Conference Room (capacity 8) _____

Narthex _____ (capacity 500 standing, 300 seated)

Kitchen _____

Youth Center _____

Equipment Needed:

Laptop _____

TV/VCR/DVD _____

Podium _____

Projector _____

Sound System _____

Microphone _____ Wireless ___ Hand Held _____

Tables _____

Liturgy

Priest/Deacon _____

Name(s) (and Diocese, if not DOSP)

Altar Servers _____

EM(s) _____

Music _____

Sacristan _____

Sound System _____

Special Requirements _____