



**Mailing Address:** 1301 Sycamore Avenue, Tustin, California 92780  
**Tel:** 714-544-3250 **Fax:** 714-838-1996 **Website:** www.stcecilia.org

**FACILITY REQUEST FORM**

*(Complete and sign both pages)*

**Today's Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*Month Day Year*

**Ministry Group Name:** \_\_\_\_\_  
*(Please Print)*

**Ministry Group Leader Full Name:** \_\_\_\_\_  
*(Please Print)*

**Ministry Group Leader Signature:** \_\_\_\_\_

**Leader's Designated Person Full Name:** \_\_\_\_\_  
*(Please Print)*

**Phone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Purpose of Event:** \_\_\_\_\_

**Date of Event:**  
 Sun Mon Tue Wed Thu Fri Sat  
 Weekly Monthly

**Start date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **End date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*Month Day Year Month Day Year*

**Dates in detail:** \_\_\_\_\_

**Start Time:** \_\_\_\_\_ **End Time:** \_\_\_\_\_  
*(Hour : Minute AM / PM) (Hour : Minute AM / PM)*

**Facility Requested:**  
 Church Kitchen Hall Sacristy Flower Room Science Room Extended Care Room Chapel

**FOR OFFICE USE ONLY**

*Did the Ministry Group Leader sign both pages (front and back)?* Yes No  
*Facility is assigned to* \_\_\_\_\_  
*Confirmation Delivered to the Requestor was Made By:* \_\_\_\_\_ *Date:* \_\_\_\_\_



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## FACILITY RULES

*(Complete and sign both pages)*

1. CONTACT **Rose Schiller, Ext. 26**, immediately if any changes of dates/rooms or cancellation.
  2. SIGN IN at front desk window and RETURN check in/check out sheet with key(s).
  3. KEEP the facility clean and organized at all time.
  4. TURN OFF the lights and close all windows/doors firmly before leaving.
  5. PUT BACK all furniture (tables, chairs, etc.) to their original positions.
  6. UTILIZE the facility according to your scheduled time, which includes setup time and cleanup time.
  7. RESPECT other groups or programs that use the same facility after you.
  8. SUPERVISE children at all time by your Ministry Group's responsible adult(s).
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9. NO unaccompanied children inside or outside the facility.
  10. NO foods, alcohol or any beverages in the facility WITHOUT prior approval from the Church & School office; except WITH prior approval and upon consumption of foods/beverages, must CLEAN UP the facility neatly, REMOVE all the trash, and DROP IT in the big dumpster when leaving.
  11. NO smoking or illegal drugs within the Church & School premises.
  12. NO writing on Smart/White Boards, walls, furniture, or any fixtures; except for the regular board, must use only dry erase markers on the regular board and wipe it clean after use.
  13. NO come behind any classroom desks. NO touch any books in the classroom. NO nails, screws, tape, or permanent hardware on any facility walls.
  14. NO removing furniture or any other equipment from the facility WITHOUT prior approval from the Church & School office.
  15. NO leaning tables against the walls. Must place them on the table dolly after use.
  16. NO open fires or flames (including candles) inside the facility WITHOUT prior approval from the Church & School office.

**Please Initial and Sign Your Name:**

\_\_\_\_\_ I have read, understood, and agreed with all the rules listed above.

\_\_\_\_\_ I will instruct my Ministry Group members to comply with these rules.

\_\_\_\_\_ If any of the above rules are violated, my Ministry Group will pay \$100 to the Church office penalty fee within 30 days from the date of violation, either out of my own pocket or be deducted from my Ministry Group account here at the Church.

\_\_\_\_\_ If my Ministry Group does not pay the \$100 penalty fee timely, my Ministry Group will not be allowed to use any facilities for 3 months from the date of violation.

**Ministry Group Name:**

\_\_\_\_\_  
*(Please Print)*

**Ministry Group Leader Full Name:**

\_\_\_\_\_  
*(Please Print)*

**Ministry Group Leader Signature:**

**Today's Date:**

\_\_\_\_\_