

Immaculate Conception Facility Use Request Form

Date requested submitted: _____

Event Date: _____

Activity Time Requested: _____

(Be sure to include set up and take down time in your request. All events limited to 6 hrs)

Purpose of Event: _____

Contact Name: _____

Phone: _____

Email: _____

Are you a Full Stewardship member of Immaculate Conception?

(registered with ICC, current Stewardship form on file and active giving on record within the last 12 months)

Yes

No

* You will be contacted within 5 business days regarding your request.

Office Use Only

Stewardship verified by _____

Event approved and scheduled _____

Fee paid date _____ Cash Check Check # _____