



ALL SAINTS ROMAN CATHOLIC CHURCH

Building Use Contact Form

DATE OF EVENT: _____

Although every attempt is made to avoid conflicts, any event may be pre-empted in the event of a funeral or other unforeseen religious event.

Name of organization: _____

Name of primary contact: _____

Position of contact person: _____

Phone#: _____

e-mail: _____

Affiliation of Organization: _____

Address of organization/ affiliation: _____

Name of contact at affiliation: _____

Phone#: _____

Office Use

Type of event: _____

Insurance on file: _____

Use Fee Paid: _____

Alcohol to be served?: _____

Form on file? _____

Special insurance purchased: _____

Hold Harmless signed? _____

Scheduled: _____

Building Tour: _____

Key held: _____

I have reviewed the policies and procedures for All Saints building use, and agree to abide by the guidelines specified therein.

Signature of primary contact: _____ All Saints initial: _____

347 RIDGE ROAD / LANSING, NY 14882-8801 / 607-533-7344

Tax exempt # EX 176894

Part of the Cluster Community of

All Saints/ Lansing; Holy Cross/ Dryden & Saint Anthony/ Groton