

Santa Sophia Church

Room Reservation Request for a Private Party

1/2010

In order to assure an orderly process of reservations and accountability, please complete this form and return it to Tina Jellison in the Parish Office at least one week prior to your event. The Parish Office is open Monday through Friday, from 8:30 to Noon to 4:30 p.m. The Parish Office number is 619-463-6629.

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For Office Use Only: Date Confirmed on P. O. Calendar:

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By:

DATE OF EVENT: _____ **Type of Function:** _____

Name _____ Phone: (H) _____ Cell: _____

Contact Person: _____ E-Mail: _____

If kitchen is used, it is necessary for the person(s) in charge to tour the facility with a parish staff member to be instructed in the health, safety and equipment requirements. It is the responsibility of the person submitting this form to secure the appropriate keys, if necessary and security instructions from the Parish Office during normal business hours.

All equipment used for the event must be left in a clean and sanitary condition. Missing or broken items must be replaced. NOTE: Smoking is not permitted in any room on the parish campus.

ROOM REQUESTED

- CHURCH
- PRENDERGAST HALL
- DE MOOR ROOM
- KITCHEN
- VERHOEVEN ROOM
- DANIELS ROOM
- OTHER (please describe)

ACTUAL TIME OF EVENT:

From: _____ To: _____

From: _____ To: _____

From: _____ To: _____

From: _____ To: _____

From: _____ To: _____

From: _____ To: _____

Office Use:

Time Set-up Begins:

Clean-up ends:

Room Set-up in: _____

Comments:

1. All rooms are NON-SMOKING
2. Rental fee includes TWO (2) HOURS prior to your event (for decorating, etc) and ONE (1) HOUR following event (for clean-up)
3. A copy of our parish "Use of Facilities Guidelines" will be given to you along with this form. Please read it carefully for all the information you need to know.

WHAT ITEMS OF PARISH EQUIPMENT WILL BE NEEDED?

Tables Number of round _____ Number rectangular _____ Number Chairs _____ Bar

Microphone Lapel _____ or Hand Held _____ Podium other _____

The microphone system may be used in the Church, Prendergast Hall and the DeMoor Room only.

Will food and/or beverages be served? Yes No Liquor License Needed: Yes _____ No _____
If applicable, Name of Caterer: _____

DRAW YOUR SET-UP REQUEST ON A SEPARATE PAGE AND ATTACH => =>

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For Office Use Only: Rental Fee: \$ _____ Date Deposit Made : _____

Deposit: \$ _____ Balance Due: \$ _____ by _____

Special Events Insur. Paid : \$ _____ Liquor License: Yes ___ No ___ Applied on: _____