



St. Michael Catholic Church

FACILITIES USE REQUEST FORM

This form must be submitted for approval to the Parish Secretary prior to all **fundraisers, events or meetings** you wish to schedule at St. Michael facilities.

Name of Event: _____

Sponsoring Group/Committee: _____

Group/Committee Contact Name/Number: _____

Start Date: _____ End Date: _____ Start Time: _____ End Time: _____

Facilities needed:

<input type="checkbox"/> Historic Chapel	<input type="checkbox"/> Deacon's Office
<input type="checkbox"/> Narthex	<input type="checkbox"/> Upper Kitchen
<input type="checkbox"/> Sacristy	<input type="checkbox"/> MP Room/Gym
<input type="checkbox"/> Library	<input type="checkbox"/> Lower Kitchen
<input type="checkbox"/> Conference Room	<input type="checkbox"/> Food Cellar
<input type="checkbox"/> Fields	<input type="checkbox"/> Other
<input type="checkbox"/> Classroom (s) _____	

Covid Room Usage Procedure

1. When you arrive at your room you must sign in on the clipboard hanging on the wall next to the door to indicate the date, who is using the room, time arrived, and what group you are with.
2. After your meeting is over, we ask that you disinfect the room, table, chairs and any other item that was used. The disinfectant and paper towels are provided.
3. When finished please complete the form on the clipboard indicating when your meeting ended and what areas were used, and so were disinfected by you.
4. Return the clipboard to its place and you're done.

Please initial showing you have read the procedures stated above:: _____

A/V Equipment needed:

<input type="checkbox"/> TV/DVD	<input type="checkbox"/> Screen
<input type="checkbox"/> Power	<input type="checkbox"/> Projector
<input type="checkbox"/> TV	<input type="checkbox"/> Sound System
<input type="checkbox"/> HDMI Cable	<input type="checkbox"/> Set-up

Fundraiser Proceeds: Any applicable fundraising results are to be submitted within 7 days of event to Donna Binney at the Parish Office..

VIRTUS Training: All volunteers age 14 and older must have a valid VIRTUS Training Certificate on file. If you do not have one please contact Sally Amatucci at samatucci@smpschurch.org.

Does this meeting/events involve youth? Yes* No

*If YES, please give names of ALL Adult AND Youth (14+) volunteers participating in this event :

Reviewed Date: _____ Approved By: _____
(Sally Amatucci, Virtus Coordinator)

COMMUNICATIONS / PROMOTIONS

- Bulletin Starting: _____ Ending: _____
- Webpage Starting: _____ Ending: _____
- Date Posted:** _____ **By:** _____

Display (Inside):

- Narthex RE Foyer
- Fellowship Hall MP Room/Gym
- Library Marque

Date Posted: _____ **By:** _____

Display (Community):

- Signs Around Town
- Mt. Airy Messenger Newspaper
- Frederick Newspost

Flocknote (Mass Email):

- All Parishioners O.W.L.S. of St. Michael
- Faith Formation Men of St. Michael
- Middle School Families Women of St. Michael
- High School Families Preschool Families
- Young Adults Other _____

Date to Send: _____ **Date Posted:** _____ **By:** _____

Social Media:

- Face Book (FB) St. Michael Instagram
- St. Michael FB page St. Michael Twitter
- Mt. Airy News, Discussion, Alert & Business Group AOB Website/Bulletin
- Mt. Airy & Surr. Areas Info & Business Group AOB Churches
- Woodbine/Lisbon Community Group Catholic Review

Date to Post 1st Time: _____ **2nd Time:** _____ **3rd Time:** _____

Date Posted: _____ **By:** _____

Date Received: _____ By: _____