

Immaculate Conception Parish Gym/Kitchen Scheduling Form

Name of Event: _____ **Date of Event:** _____
 Scheduled by: _____ Date Scheduled: _____
 Approved by: _____ Date Approved: _____

Copies to: ___ info@immac-concept.org ___ Maintenance Chief ___ Rectory Office

Group Name: _____

Brief Description of Event _____

Name of Person in Charge: _____ Daytime Phone # _____
 Evening Phone # _____

Event Time:

From: _____ To: _____ Number of people expected to attend: _____

Set up time:

From: _____ To: _____ Food or Beverage: ___ YES ___ NO

- The #1 basic rule is that the gym is to always be left in the same condition that it was found!
- The requesting organization is expected to provide any help needed to set-up the gym. Due to staffing reduction, our maintenance team is limited in the assistance they are able to provide. For planning purposes, please indicate below what equipment you plan on using:

| | | | |
|-------------------|----------------|--|----------------|
| 6' Folding Tables | Quantity _____ | Cafeteria Tables (pull down) | Quantity _____ |
| Folding Chairs | Quantity _____ | | |
| Garbage Cans | Quantity _____ | (please empty and dispose of trash in dumpsters) | |
| Mop & Bucket | Quantity _____ | | |

Individuals who will do set up: _____

- If small children will be present during preparation of tear-down, who will supervise/care for them? _____

4. Tear down responsibilities: **Checklist** **COMPLETE**

| | |
|--------------------------------|-------|
| Put away all tables and chairs | _____ |
| Sweep Floors | _____ |
| Remove all garbage cans | _____ |
| All lights off & doors secured | _____ |

5. Special Notations or Misc. Equipment needed: _____

Important!!! Please inform the Rectory Office of any Cancellation!!! Phone 440-942-4500

Please call Wanda O’Ryan at (440) 975-8519 for assistance with this form or any other questions pertaining to the kitchen.