

Church of the Good Shepherd

Request for Facilities

301 Corral de Tierra Road, Salinas, CA 93908 831-484-2153

Date of Request: _____

Name: _____ Phone: _____

Address: _____ Alternate Phone: _____

Affiliation:

- Diocese
- Member of Church of the Good Shepherd, Church Employee
- Group Sponsored by Church of the Good Shepherd
- Non-profit (501-C3) Organization, Church, Service Group
- Other

Event: _____

Room(s) Requested:

- Church Sanctuary (capacity 220 seats)
- Parish Hall, Kitchen and Decks (capacity 220 meeting, 180 dining)
- Wedding Facilities (Church for rehearsal and ceremony, changing rooms, Parish Hall, Decks, and Kitchen)
- Wedding Facilities (Church for rehearsal and ceremony, changing rooms)
- Kitchen only
- Barbeque - Picnic Area
- Parking Lot only
- Library (capacity 30)
- Small Meeting Room, Classroom 1 (capacity 12)
- Church Nursery (capacity 12)

Date(s) and Time(s) requested for this event, from set-up to clean-up: (Note: Maximum time per day is 14 hours, from 8 am to 10 pm)

Setup: _____ From: _____ am/pm to _____ am/pm
Date (circle one) (circle one) (circle one)

Rehearsal: _____ From: _____ am/pm to _____ am/pm
Date (circle one) (circle one) (circle one)

Event: _____ From: _____ am/pm to _____ am/pm
Date (circle one) (circle one) (circle one)

Clean-up: _____ From: _____ am/pm to _____ am/pm
Date (circle one) (circle one) (circle one)

Number of People Attending: _____

(Note: over 50 people requires a \$200 security deposit), 50 people or under requires a \$100 security deposit)

Group Leader(s) present at meeting or event:

Name: _____ Address: _____
Phone number: _____ Alternate Number: _____

Person closing up / cleaning up after meeting or event:

Name: _____ Address: _____
Phone number: _____ Alternate Number: _____

I have read the attached *Church of the Good Shepherd Facilities Use Rules* and agree that I and the members of my group will follow them. I agree to inform the representative of the Church if there is any change in the contact person, date, time or facilities requested on this application.

I agree to pay a refundable security/damage deposit of (\$100) (\$200) due with application to reserve date.
I agree to pay a facility use fee of \$ _____ due by 2 pm on _____ (one week before event).
I agree to a tablecloth rental fee of \$ _____ per tablecloth to be deducted from deposit.

Signature: _____ Signature: _____
Facility User Church of the Good Shepherd Representative

Office Use Only		
Date Deposit received _____	Check # _____	Amt. _____
Date Use Fee received _____	Check # _____	Amt. _____
Date Deposit refunded/mailed _____	Check # _____	Amt. _____