



## St. John XXIII Event Registration Form

### EVENT REQUESTED BY

<b>Name:</b>	<b>Date:</b>
<b>Email:</b>	<b>Phone:</b>

### EVENT INFORMATION

**Ministry, Organization, or User Name(s):**

**Event Type:** \_\_\_\_\_ **Comment:** \_\_\_\_\_

**Start Date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_ **Frequency:** \_\_\_\_\_

**Start Time:** \_\_\_\_\_ **End Time:** \_\_\_\_\_ **# Attending:** \_\_\_\_\_

**Primary Contact** *(if different than above)* \_\_\_\_\_ **Secondary Contact** *(if applicable)* \_\_\_\_\_

**Name:** \_\_\_\_\_ **Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Email:** \_\_\_\_\_

### Requested Area(s)

<input type="checkbox"/> Main Hall	<input type="checkbox"/> Main Courtyard	<input type="checkbox"/> St. Martha (F1)	<input type="checkbox"/> St. Therese of Lisieux (C1)
<input type="checkbox"/> Indoor Stage	<input type="checkbox"/> Outdoor Stage	<input type="checkbox"/> St. Mary (F2)	<input type="checkbox"/> St. Elizabeth Seton (C2)
<input type="checkbox"/> St. Patrick's Patio	<input type="checkbox"/> Memorial Garden	<input type="checkbox"/> St. Bernadette (F3)	<input type="checkbox"/> St. Christina (C3)
<input type="checkbox"/> Narthex	<input type="checkbox"/> Nave/Sanctuary	<input type="checkbox"/> St. Michael (F4)	<input type="checkbox"/> St. Susanna (C4) <i>Small furniture</i>
<input type="checkbox"/> Chapel	<input type="checkbox"/> Parking Lot	<input type="checkbox"/> Individual <input type="checkbox"/> Combined	<input type="checkbox"/> St. Joanna (C5) <i>Small furniture</i>

**Tables:**  Round 60" (6-8 seats)  Round 72" (8-10 seats)  Rectangle

Registration  Buffett  Head  Materials/display

**Layout:**  Classroom  U-Shaped  Box-shaped  Banquet/hospitality  Auditorium

**Other:**  Podium  Flipchart  Portable Partitions **Room Set-up By:** \_\_\_\_\_

**Comments:** \_\_\_\_\_

**A/V Types:** \_\_\_\_\_ **Mic:** \_\_\_\_\_ **Screens:**  Stage  Lobby  Flex 1  Flex 4

**Devices:**  PC  DVD  Smart device  Internet **By** *(pre-event):* \_\_\_\_\_

**Comments:** \_\_\_\_\_ **By** *(post-event):* \_\_\_\_\_

**EARLY Access/Set-up** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

### Primary Responsibility:

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Disarm System:**  No  Yes @Main Hall Door **By:** \_\_\_\_\_

**Activate Alarm** *(Main door only):*  Yes  No **By:** \_\_\_\_\_

**Comments:** \_\_\_\_\_

**DAY of EVENT** \_\_\_\_\_ **Disarm System:**  No  Yes @Main Hall Door **By:** \_\_\_\_\_

**Entrance(s):**  Main  Breezeway  Classroom  Stage Left  Stage Right  Narthex  Chapel

**Secure Facility:**  Yes  No **Secure by:** \_\_\_\_\_

**Activate Alarm** *(Main door only):*  Yes  No **If YES by:** \_\_\_\_\_



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Other Requirements	Required	Amount	Received	Comments/Date Docs Received
Facility use donation/fee	<input type="checkbox"/>		<input type="checkbox"/>	
Security deposit	<input type="checkbox"/>		<input type="checkbox"/>	
Security personnel <i>(Lee County Sheriff's office)</i>	<input type="checkbox"/>		<input type="checkbox"/>	
Additional insurance	<input type="checkbox"/>	\$1,000,000 / \$3,000,000	<input type="checkbox"/>	
Liquor license	<input type="checkbox"/>		<input type="checkbox"/>	
Non-exclusive space usage agreement	<input type="checkbox"/>		<input type="checkbox"/>	
Speaker vetting by Diocese of Venice	<input type="checkbox"/>		<input type="checkbox"/>	

## FOOD & BEVERAGE

**Please note:** Paper goods are available for church ministries. Other users must provide own. Thanks!

**Location:**  Flex room kitchenette  Main kitchen  Main hall  Narthex  Outdoors  Chapel  
 Coffee  Hot Tea  Juice  Soda  Milk  Iced Tea  Beer  Wine  Mixed  Water  Ice

**Beverage comments:**

**Food provided:** No

**Kitchen required for:**

**Delivered by:**

**Delivery Time:**

**Authorized kitchen user:**

**Menu items:**

**Comments:**

**Clean-up:** Kitchen areas, dishes, decorations, trash removal, etc.

**Primary responsibility:**

**Comments:**

## MARKETING

**Please note:** It is user's responsibility to contact & schedule with appropriate parties & provide content

**Narthex:**  Bulletin  myParish app  Facebook

**Comments:**

## PLC USER ACCEPTANCE

**I agree the above is accurate:**

**Date:**

**Type name:**

Treat Our PLC with TLC form signed? YES  NO

## ADMINISTRATIVE

**Date Received:**

**Received by:**

**Business Manager Comments:**

**Date Approved by PLC Coordinator:**

**Date on Parish Calendar:**

**Comments:**