

St. Simon the Apostle Parish  
8155 Oakland Road  
Indianapolis, IN 46236

## Facility Usage Request Form

Name or Group: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Type of Event: \_\_\_\_\_

Date of Event: \_\_\_\_\_ Time of Event: \_\_\_\_\_

Set-Up Time: \_\_\_\_\_ Clean Up Time: \_\_\_\_\_

**Special Notice: Each group is responsible for their own set up and clean up.**

### Facilities Required:

\_\_\_\_ Feltman Hall

\_\_\_\_ Cafeteria

\_\_\_\_ Kitchen

\_\_\_\_ Church

\_\_\_\_ Chapel

\_\_\_\_ Cry Room

\_\_\_\_ Gym

\_\_\_\_ Sims Center

\_\_\_\_ Youth Center

### Parish Life Center:

\_\_\_\_ St. John Vianney

\_\_\_\_ St. Elizabeth

\_\_\_\_ St. Francis

\_\_\_\_ St. Clare

\_\_\_\_ St. Benedict

Access Code Needed: \_\_\_\_\_

### Building Key (Electronic Intellikey)

\_\_\_\_ Door 4 (North Parish Door)

\_\_\_\_ PLC

\_\_\_\_ Door 16 (East Door)

### Inside Keys:

\_\_\_\_ Kitchen

\_\_\_\_ Feltman Hall

\_\_\_\_ Cafeteria

\_\_\_\_ Parish Life Center

**You must meet with Facility Coordinator to complete and sign request form and to discuss event details and fees (if applicable). Signature below indicates your agreement to abide by the facilities policy and understanding of the responsibility associated with facilities use.**

**I hereby certify that the person/organization named above shall assume responsibility for any damage sustained to the facility premises, furniture, or equipment, resulting from the use of the facilities by the person using facilities and shall "Hold Harmless" St. Simon the Apostle from liability.**

Signed \_\_\_\_\_ Date \_\_\_\_\_

(Event Representative)

Approval \_\_\_\_\_ Date \_\_\_\_\_