

**All Saints Catholic School  
Reservation Request For Use Of School Facility  
7777 Osage Plaza Parkway Dallas, TX. 75252**

**Organization Making Request:** \_\_\_\_\_ **Event Date:** \_\_\_\_\_

**Person Making Request:** \_\_\_\_\_ **Request Date:** \_\_\_\_\_

**Contact Number: (H)** \_\_\_\_\_ **(W)** \_\_\_\_\_ **(C)** \_\_\_\_\_

**Set Up Time:** \_\_\_\_\_ **Time Of Event:** \_\_\_\_\_ **Clean Up Time:** \_\_\_\_\_

**Number In Attendance:** \_\_\_\_\_ **Clean Up Required: yes** \_\_\_ **no** \_\_\_

**AREA REQUESTED:**

Gym: \_\_\_\_\_ Cafetorium: \_\_\_\_\_ Library: \_\_\_\_\_ Chapel: \_\_\_\_\_ Kitchen (must be approved by kitchen manager): \_\_\_\_\_ Conference Rm: \_\_\_\_\_ Band Rm: \_\_\_\_\_ Hall: \_\_\_\_\_ Other: \_\_\_\_\_

**ACCESSORIES NEEDED:**

Microphone: \_\_\_\_\_ Tables: \_\_\_\_\_ Chairs: \_\_\_\_\_ Projector: \_\_\_\_\_

Podium: \_\_\_\_\_ Volleyball Net: \_\_\_\_\_ Other: \_\_\_\_\_

Dinner ware (see attached list) (linens not included) \_\_\_\_\_

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**Event Description:**

Give a brief description of the event you are planning. Please list any other school accessories that you may need. Use a separate sheet of paper, if needed. The person making the request will be contacted to go over the event with All Saints Catholic School facilitator, Andrea La Greca after it is approved by the Principal, Sister Denise Thompson. Please include a list person(s) in charge of watching children during the event.

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**Policies and Procedures Agreement:**

I have received the All Saints Catholic School Policies and Procedures for reserving the school facility. I agree to abide by these policies and to leave the facility in the condition in which the facility was found. I agree not to provide food in the facility for an after school program due to possible student health issues. If school policies and procedures are not followed, a charge will apply to the event. I agree that fees may be applied that must be paid, in full, promptly upon approval of the event request and/or prior to the requested event. I release All Saints Catholic School, All Saints Catholic Church, the Catholic Diocese, and employees of liability. Deposit due upon approval of event. Remaining balance due at the time of the event.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**For additional information please contact Andrea La Greca at 214. 217. 3331.**

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**For School Use Only**

**Payment Type:** \_\_\_\_\_ **Amount:** \_\_\_\_\_ **Remaining balance:** \_\_\_\_\_

**Date Approved:** \_\_\_\_\_ **Fees Applied:** \_\_\_\_\_

**Facilitator Approval:** \_\_\_\_\_ **Principal Approval:** \_\_\_\_\_

**Description of Fees attached:** \_\_\_\_\_ **Kitchen Manager Approval:** \_\_\_\_\_