

St. John the Evangelist



St. John the Evangelist
841 Shore Rd/PO Box 1558
Pocasset, MA 02559
508.563.5887

**COMMUNITY GROUPS
Facility Use Request**

Today's Date _____

Ministry or Group Name _____

Request Date(s) for use _____ Facility requested _____

Event Time: from _____ to _____ Set up time _____ Departure time _____

Type of meeting/event _____ How many attending _____

Key provided (#) _____

Contact Person Name _____ Phone _____ cell _____

Contact Person Address _____ Town _____ Zip _____

Additional Information _____

Things you should know:

Insurance Certificate: All groups must obtain certificate of insurance naming Roman Catholic Bishop of Fall River and St. John the Evangelist Church in the amount of \$1,000,000.

All groups are expected to set up for their own meeting.

All groups should leave the facility as you find it..... return any tables, chairs, furniture to the original configuration, clean kitchen facilities and dispose of trash.

Please turn out all lights and close all windows. Be sure that the door is locked and building is secure. Key should be returned to the Parish Office.

For office use only:

Date Received _____

Approved By _____

Date Approved _____

Date Entered _____