



# APPLICATION FOR USE OF FACILITIES

ST. JOHN NEUMANN CHURCH

Ph# (704) 536-6520

Fax# (704) 536-3147

Office use only

Approved \_\_\_\_\_

Contacted \_\_\_\_\_

Scheduled \_\_\_\_\_

Please complete and return to: St. John Neumann Catholic Church  
8451 Idlewild Road Charlotte, NC 28227

## CONTACT INFORMATION:

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Home Ph#: (\_\_\_\_) \_\_\_\_\_ Work Ph# (\_\_\_\_) \_\_\_\_\_

Cell Ph# (\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_

## ACTIVITY INFORMATION: (Please use a separate form for each activity)

Date(s) you are requesting: \_\_\_\_\_

This event will be held: One Time \_\_\_\_\_ Weekly \_\_\_\_\_ Monthly \_\_\_\_\_

Other: \_\_\_\_\_

Description of activity or event:

\_\_\_\_\_  
\_\_\_\_\_

Time event begins: \_\_\_\_\_

Time you will arrive: \_\_\_\_\_

Time event ends: \_\_\_\_\_

Time you will leave: \_\_\_\_\_

## SPACE REQUEST:

Please check all rooms/areas that you will need:

\_\_\_ Austin Hall

\_\_\_ Council Room

\_\_\_ Gathering Area

\_\_\_ Parish Hall

\_\_\_ Kitchen

\_\_\_ Ballfield

\_\_\_ Church Sanctuary

\_\_\_ Parish Library

\_\_\_ Faith Formation Library

Classrooms: \_\_\_ #1 \_\_\_ #2 \_\_\_ #3

\_\_\_ #4/5 \_\_\_ #6 \_\_\_ #7 (Mini-Hall)

\_\_\_ #8 \_\_\_ #9 \_\_\_ #10

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