



**APPLICATION FOR USE OF FACILITIES**  
**Holy Spirit Catholic Church**  
**Ph.# (704) 483-6448 Fax# (704) 483-6898**  
**537 N. Highway16 Business**  
**Denver, NC 28037**

Office Use Only	
Approved	_____
Confirmed	_____
Scheduled	_____
Code Given	_____
Key Given	_____
Online Updated	_____
Checklist Given	_____

**CONTACT INFORMATION:**

Organization Name: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Home Ph.#: (    ) \_\_\_\_\_ - \_\_\_\_\_    Work Ph.#: (    ) \_\_\_\_\_ - \_\_\_\_\_  
 Cell Ph.#: (    ) \_\_\_\_\_ - \_\_\_\_\_    Email: \_\_\_\_\_ @ \_\_\_\_\_

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

Date(s) you are requesting: \_\_\_\_\_ Number of people attending \_\_\_\_\_

**DESCRIPTION OF EVENT**

\_\_\_\_\_

**AREA(S) WHERE EVENT WILL BE HELD:**

PAC Worship \_\_\_\_\_ PAC Kitchen \_\_\_\_\_ PAC Classroom # \_\_\_\_\_  
 Church Parlor \_\_\_\_\_ Church Overflow Rm \_\_\_\_\_ Church Worship Area \_\_\_\_\_  
 Other Location: \_\_\_\_\_

Date of Event \_\_\_\_\_

Date/Time event set up: \_\_\_\_\_ am/pm: Date/Time you will arrive: \_\_\_\_\_ am  
 pm

Date/Time event begins: \_\_\_\_\_ am/pm: Date/Time event ends: \_\_\_\_\_  
 am/pm

Date/Time event breakdown: \_\_\_\_\_ am/pm: Date/Time you will leave: \_\_\_\_\_  
 am/pm

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

**SPECIAL REQUESTS:**

\_\_\_\_\_

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

**First approval** \_\_\_\_\_ **Date** \_\_\_\_\_

**Second approval** \_\_\_\_\_ **Date** \_\_\_\_\_