

**GOOD SHEPHERD RESERVATION FORM**

**This form must be completed ONCE by EACH person responsible for making reservations. It is not necessary to file a new form for each scheduled event.**

I have reviewed the Good Shepherd Parish procedures for Facility Reservations and Facility Use and agree to abide by all the conditions listed in these procedures.

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

Event/Ministry: \_\_\_\_\_

Contact Person Information:

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

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

Phone: (home) \_\_\_\_\_

(cell) \_\_\_\_\_

(work) \_\_\_\_\_

E-mail: \_\_\_\_\_

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

Alternate Phone: \_\_\_\_\_

Failure to abide by these conditions may result in loss of the privilege of using parish facilities.

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

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