

Our Lady of Grace Parish  
497 Second Hill Lane  
Stratford, CT 06614-2595  
203-377-0928/203-377-5235 (fax)  
[olgstratford.com](http://olgstratford.com)

## CALENDAR RESERVATION FORM/FACILITY USAGE FORM

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

Type:    \_\_\_ Administration    \_\_\_ Parish Program    \_\_\_ Non Parish Program

Name of your event: \_\_\_\_\_

Does your organization need liability insurance?    \_\_\_ Yes    \_\_\_ No

What insurance coverage does your organization have?

\_\_\_ Parish Program    \_\_\_ Certificate of Insurance\*    \_\_\_ Other

\* A current Certificate of insurance from your carrier listing Our Lady of Grace and the Diocese of Bridgeport as held harmless.

\_\_\_ Number of people attending Meeting (Please attach attendance sheet)

Are you and your organization compliant with the requirements of the Safe Environment Initiative?

Yes    \_\_\_ No    \_\_\_

If no, leader/supervisor is responsible for workers/volunteers on Parish property and must sign the appropriate "Executive Summary" in the Safe Environment Booklet and submit to the Parish Office before the event or project.

**Date(s) and Time(s) facility is needed:**

**Set up time required: (date & time)**

\_\_\_\_\_

\_\_\_\_\_

**Parish building space requested:**

Check all that apply:

- \_\_\_ Church
- \_\_\_ Gym
- \_\_\_ Kitchen
- \_\_\_ Madonna Hall
- \_\_\_ Classroom(s) & #\_
- \_\_\_ Parking Lot

**If you would like our maintenance personnel to set-up tables and chairs for your function, please attach a diagram or description of your floor plan to this form. Please allow set up time in the planning your event.**

**\*\*No Smoking or alcohol permitted**

For any function on parish property, the vendor must comply with the financial standards as set forth by the Our Lady of Grace Corporation and the Diocese of Bridgeport.

Please bring completed form to the Parish Office or email completed form to [msgryan@olgstratford.com](mailto:msgryan@olgstratford.com)

\_\_\_ **I have read the regulations and agree with the Terms and Conditions for facility usage as stated on the attached.**

\_\_\_ **Catholic Mutual Training Video Completed**

**Signature of Parish Leader:** \_\_\_\_\_

Approved by: \_\_\_\_\_

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

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