

CATHOLIC CHARISMATIC CENTER

(Revised 02/15/08)

1949 Cullen Blvd.
Houston, Texas 77064

713-236-9977
FAX: 713-236-0073

RESERVATION FORM

Today's Date: _____

Reservations are final upon your receipt of a confirmation notice.

- Some events might require a \$25.00 insurance coverage in addition to any rental fee.
- Some events might require a contract.

Your group is responsible for the following:

set-up, such as, tables, chairs, any TV/DVD/LAPTOP needs, etc.

to ensure that your group thoroughly cleans the areas used after your event, including the rooms used for childcare.

to return any tables, chairs, TV/DVD/LAPTOP, etc. or carts to the place from where you may have moved them.

MINISTRY or ORGANIZATION NAME: _____

EVENT NAME: _____

REASON for EVENT: _____

CONTACT PERSON: _____ EMAIL: _____

HM PHONE: _____ WK PHONE: _____ CELL PHONE: _____

What facility, foyer table or outside area do you wish to use? _____

Second Choice: _____

How many people do you anticipate for this meeting/event? _____

What dates do you require? From: ___/___/___ To: ___/___/___

What time do you require? Beginning: _____ (am)(pm) Ending: _____ (am)(pm)

Setup _____ (minutes) cleanup _____ (minutes)

What frequency? (One day, Daily, Weekly, Date of Month, Day of Month): _____

Requirements: _____

Does your meeting/event include having any children or youth under the age of 18 on Catholic Charismatic Center's Property? _____ Yes _____ No

Does your meeting/event require a room for children? _____ Yes _____ No

RESCHEDULING a previously booked meeting(s)/event(s)? _____ Yes _____ No

CANCELLING a previously requested meeting(s)/event(s)? _____ Yes _____ No

What event date and time are you rescheduling or cancelling?

Submitted by: _____ Date: _____

Received/Approved by: _____ Date: _____