

**THE CATHOLIC PARISH OF SAINT JOHN THE BAPTIST**  
**PARISH FACILITIES USE REQUEST QUESTIONNAIRE FOR OUTSIDE ORGANIZATIONS**

The use of our Parish facilities is typically not open to the general public and is strictly limited to those groups, organizations, and events that advance viewpoints, principles or objectives consistent with the Catholic faith. Thus, in order to learn more about your group and the event you are proposing to conduct using our Parish facilities, we ask you to complete the following questionnaire and provide the information needed to evaluate your request. Please complete this form and email your request to the Facilities Manager at: akeef@stjohn-catholic.org or fax to 405-340-5715. For questions, please call Anne Keef at 405-340-0691 x108. Reservations are not guaranteed unless confirmation has been received. Facility room requests will be confirmed as soon as they are approved by the Resource Leaders who meet every other Tuesday. Thank you for your cooperation.

Name of Organization: \_\_\_\_\_ Contact Person: \_\_\_\_\_

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

Contact Person's Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**YOUR PROPOSED EVENT**

Date(s) of Event: \_\_\_\_\_ Number of Attendees: \_\_\_\_\_

Time of Event (including setup): \_\_\_\_\_ Name of Event: \_\_\_\_\_

Room(s) Requested: \_\_\_\_\_ Room Setup: \_\_\_\_\_

Audio Visual Equipment Needed: \_\_\_\_\_

Will catering be needed?  Yes  No If so, name of caterer: \_\_\_\_\_

Do you need table linens?  Yes  No  
(When the Parish orders linens, the cost of this service will be passed onto the customer. If catered, select "no")

Do you need nursery service?  Yes  No If so, please contact Mary Jo Fischer at 405-340-0691 x125.

**1.** Please describe in detail the nature of the event (continue on back side of this sheet, if additional space is required to respond fully):

**2.** If there are going to be speakers at your event, please identify each speaker, describe each speaker's background, and provide a brief description of the subject matter of each speaker's presentation:

**3.** Will your event pertain to, or address in any manner, any of the following issues (please check all that apply):

- Racial, ethnic, sexual, or religious discrimination.
- Anti-Catholicism or anti-Catholic biases or the denial, ridicule or condemnation of the teachings and/or beliefs of the Catholic Church.
- Partisan political activity of any kind, direct or indirect.
- Abortion, euthanasia, assisted suicide, contraception, voluntary sterilization, or capital punishment.
- Sexuality, pornography and obscenity, adultery, marital infidelity, cohabiting in sexual relationships of any nature outside marriage, homosexual activity or relationships, "gay marriage," or the adoption and/or placement of children in non-traditional family settings.
- The abuse of alcohol and the use of narcotics or other controlled substances.
- Violence or the use of force to resolve social, political, or religious problems.

4. If you checked any of the issues listed in Question 3, please describe how your event relates to the issue(s) checked and state the position of your organization with regard to each such issue:

### **YOUR GROUP OR ORGANIZATION**

1. Please describe in detail the nature and purpose of your organization:

2. Please describe the legal structure of your organization (e.g., an unincorporated association, a nonprofit corporation, a for-profit corporation, etc.):

3. Please identify the Board Chairperson, President, and Executive Director, if any, of your organization:

4. Is your organization listed in the Official Catholic Directory, published by P.J. Kenedy & Sons?

Yes  No

5. Has your group or organization taken a position with regard to any of the following issues (please check all that apply):

Racial, ethnic, sexual, or religious discrimination.

The Catholic Church, the Catholic clergy, or Catholic people in general.

Political parties, political candidate committees, partisan political clubs.

Abortion, euthanasia, assisted suicide, artificial contraception, voluntary sterilization, or capital punishment.

The sanctity of marriage, the call to sexual abstinence and chastity outside marriage, sexual license, pornography and obscenity, adultery, marital infidelity, cohabiting in sexual relationships of any nature outside marriage, homosexual activity or relationships, "gay marriage," or the adoption and/or placement of children in anything other than a traditional family setting.

The teachings and beliefs of the Catholic Church, the Second Vatican Council, Catholic theology, Catholic tradition, or the Catholic clergy.

Secularism, the paring back of religious freedom rights, or the restriction of religious liberty and liberty of conscience.

The abuse of alcohol or the use of narcotics or other controlled substances.

The use of force to resolve social, political, or religious problems.

6. If you checked any of the issues listed in Question 5, please describe in detail the position your organization has taken with regard to the issue(s) checked and state the current position of your organization with regard to each such issue:

7. Does your organization carry general liability insurance? \_\_\_\_\_ Yes \_\_\_\_\_ No

8. If you answered "yes" to Question 7, please identify your insurance carrier, the policy number, the liability limits, and the effective dates of the policy:

***Any non-parish sponsored event will be required to purchase liability coverage in the amount of \$1,000,000. This insurance is available for a cost of \$95 per event through the Archdiocese of Oklahoma City. Requests for this coverage must be made at least 25 business days prior to the date of the event. Applications and details regarding this insurance are available by contacting Anne.***

**I certify that the foregoing responses are accurate and correct to the best of my knowledge.**

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

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

Title: \_\_\_\_\_

=====  
**For Office Use Only**

Pastor Approved:  Yes  No

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

Date Received: \_\_\_\_\_ Reservation Confirmed: \_\_\_\_\_