MOST HOLY TRINITY PARISH

212 Route 390 • Cresco, Pa. 18326
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Facility Use Request

Singular Event

Date Requested: _____

Start time of Event: _____ End time of Event: _____

Recurring Event

Frequency of Event: ☐ Weekly ☐ Monthly ☐ Other: _____

Day(s) of the Week:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
☐	☐	☐	☐	☐	☐	☐

Start time of Event: _____ End time of Event: _____

Event Description

Name of Event: _____

It should reflect what would appear on the parish calendar and/or bulletin, if applicable.

Purpose of Event: ☐ Faith Formation ☐ Fundraiser ☐ General Meeting
☐ Prayer/Liturgy ☐ Social Gathering
☐ Other: _____

Is this a Parish Sponsored Event? ☐ Yes ☐ No

Are you a MHT Parishioner? ☐ Yes ☐ No

Are Attendees MHT Parishioners? ☐ All ☐ None ☐Mixed

Children/Youth in Attendance? ☐ Yes ☐ No (anyone under 18)

Will Alcohol be on site? ☐ Yes ☐ No (anyone under 21)

Space Requested

Monsignor McHugh Center

☐ Conference Room A (Across from Chapel) ☐ Conference Room B

☐ Ladies Guild ☐ Knights of Columbus ☐ IHM/Legion of Mary

☐ Library ☐ Chapel ☐ Kitchen

☐ Concourse ☐ Narthex ☐ Church

Personal Contact Information

Your Name: _____

Organization: _____

Phone Number: _____

Your Email: _____

I, the undersigned, have read and understand the attached Most Holy Trinity Facilities Use Form and I/our group agree(s) to its terms and conditions.

_____ _____

Signature Date

For Office Use: Pastor's Approval: _____ Approval Date: _____

Liability Forms: ☐ Yes ☐ No if yes, forms received on: _____

Minors Present: ☐ Yes ☐ No if yes, Charter compliance complete: _____

Assigned Code: _____