

CATHOLIC CHARISMATIC CENTER

(Revised 03/01/11)

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.

ensure that your group thoroughly cleans the areas used after your event, including the rooms used for childcare return any tables, chairs, TV/DVD/LAPTOP, etc. or carts to the place from where you may have moved them

Thank you, for your cooperation.

MINISTRY or ORGANIZATION NAME: _____

EVENT NAME: _____

REASON for EVENT: _____

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

CONTACT PERSON: _____ EMAIL: _____

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

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

Second Choice: _____

What time do you require? Actual Start Time of Event: _____ Actual End Time of Event: _____

Setup (in minutes) _____ Cleanup (in minutes) _____

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

What frequency? Center Closed on Monday's

One day Daily Date of each Month _____

Weekly Every / Every other / Every third / Every fourth / Every Fifth
Sun. / Tue. / Wed. / Thu. / Fri. / Sat.

Day of each Month 1st / 2nd / 3rd / 4th / Last ----- Sun. / Tue. / Wed. / Thu. / Fri. / Sat.

Requirements: _____

Does your meeting/event include having any children or youth under the age of 18? ___ Yes ___ No

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

Comments/Cancellation: _____

Submitted by: _____ Date: _____

Received/Approved by: _____ Date: _____