

**LOPES ORCHARDS DE PAUL CENTER  
FACILITY RESERVATION FORM**

**10/1-18 through 12-31-19**

Sacred Heart Catholic Church -529 I Street, Patterson CA 95363  
(209) 892-9321 - FAX (209) 892-2102  
lodpcinfo@gmail.com

**ROOM REQUESTED: (mark all that apply)**

\_\_\_\_\_ **Main/Gym**

\_\_\_\_\_ **Meeting Room A & B**

\_\_\_\_\_ **Kitchen**

\_\_\_\_\_ **Lobby Only**

\_\_\_\_\_ **Meeting Room A**

\_\_\_\_\_ **Grass Area (behind school)**

\_\_\_\_\_ **Meeting Room B**

What is the ministry/group requesting use? \_\_\_\_\_

Date(s) Requested: \_\_\_\_\_

Time(s) Requested: \_\_\_\_\_

What event will be held? \_\_\_\_\_

How many people will be attending? \_\_\_\_\_

Notes: \_\_\_\_\_

Your Name: \_\_\_\_\_

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

Telephone # \_\_\_\_\_ Email: \_\_\_\_\_

***Please let me know if any of your approved dates are cancelled so I may open the date(s) up to others.***

**Office Use Only: (Approval is given with the condition that outside groups using the facilities have on file current liability insurance and a signed license agreement.)**

**Date Turned in:** \_\_\_\_\_

**Key Pickup:** \_\_\_\_\_

**Approved:** \_\_\_\_\_

**Event Insurance:** \_\_\_\_\_

**License Agreement:** \_\_\_\_\_

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

**Not Approved:** \_\_\_\_\_

**Received copy of Housekeeping Rules:** \_\_\_\_\_