

**CHURCH OF THE IMMACULATE CONCEPTION
APPLICATION FOR USE OF PARISH CENTER FACILITIES**

Date: _____

Name of Organization or Group: _____

Group Leader: _____

Address: _____

Phone: _____ **Day**
_____ **Evening**
_____ **Cell**

Email _____

Group Leader: _____

Address: _____

Phone: _____ **Day**
_____ **Evening**
_____ **Cell**

Email _____

Has your group/ministry been approved by the Albany Diocese? **Yes** **No**

Is there a fee for the participants in your group? **Yes** **No**

Does your group/organization have liability insurance through a nationally recognized organization? **Yes** **No**

Have you submitted your insurance certificate to the rectory? **Yes** **No**

Does your group involve working with children at any time? **Yes** **No**

Are any of the members of your group non-parishioners? **Yes** **No**