

**CHURCH OF THE IMMACULATE CONCEPTION
400 SARATOGA RD, GLENVILLE, NY 12302**

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 _____

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