

**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 |