

Protecting God's Children  
Hosting facility application/check list

(Please Print)

Date requested: \_\_\_\_\_ Starting time: \_\_\_\_\_  
(Sessions average 3 hours in length.)

Contact Information:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Parish/School: \_\_\_\_\_

City: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**Facility Information**

Name of room session will be held: \_\_\_\_\_

Total number of people the room can hold. \_\_\_\_\_ Room should be set up with tables and chairs facing the screen.

Equipment provided: VCR (stand alone) \_\_\_\_\_ Large Screen \_\_\_\_\_ Sound System \_\_\_\_\_

Simple refreshments are expected at each session. Please provide coffee, tea, cookies, etc.

Someone must be present one hour before the session starts to let in the presenters and at the end of the session to close/lock the room.

Name of that person: \_\_\_\_\_

Where the presenter will meet the person \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Office use only

Facilitators: \_\_\_\_\_

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

\_\_\_\_\_