



# Our Lady of the Assumption Parish

3141 Shaughnessy Street Port Coquitlam B.C.  
V3B 4L2

Tel: 604-942-7808

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## **FACILITY RENTAL REQUEST FORM**

*Our Lady of the Assumption Parish collects and protects the personal information on this form pursuant to the Personal Information Protection Act. The information will be used only for the purpose of managing the rental of the parish facility. This form and other personal information collection in the process of managing this request will be retained for 1 year and then confidentially destroyed.*

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Lessee)

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Rental Requested: \_\_\_\_\_ Expected # of Guests: \_\_\_\_\_

Name of Event: \_\_\_\_\_

Nature / Purpose of Event:  
\_\_\_\_\_  
\_\_\_\_\_

Event Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_  
(latest 11:00pm)

Facility/Room Request (Please check request facility)

\_\_\_\_ Parish Centre (*max of 125 guest*)

\_\_\_\_ School Gym (*max of 200 guest*)

Please check:

\_\_\_\_ Parishioner (*registered & contributing member of Our Lady of the Assumption Parish for a minimum of one (1) year*)

\_\_\_\_ Non-Parishioner

Insurance is required. You may get insurance on your own or you may ask the office for assistance in getting the insurance. (Please check one)

\_\_\_\_\_ Own Insurance

\_\_\_\_\_ Assistance from the parish office

Additional Information:

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Any activities or functions in the Parish are required to fully comply with Our Lady of the Assumption Parish Rules and Regulations for facility use.

Our Lady of the Assumption Parish maintains the rights to revoke or terminate any event at any time which, in our opinion, may unfavourably reflect upon Roman Catholic beliefs. Please direct all concerns or questions to the Pastor regarding this matter.

The renter using the facility is accountable for set up, as well as take down and clean up. All furnishings must be returned to their original locations and equipment properly stored. Report any damages occur during the usage of the facility to the office.

Name and Signature: \_\_\_\_\_

Date: \_\_\_\_\_

<b>For office use only</b>	
<b>Date Received:</b> _____	<b>Approved:</b> _____ <b>Yes</b> _____ <b>No</b>
<b>Facility/Room:</b> _____	