

**ST. BEDE CATHOLIC CHURCH, PARISH CENTER AND CATHOLIC CAMPUS MINISTRY CHAPEL
MEETING / EVENT RESERVATION REQUEST FORM
10 Harrison Avenue, Williamsburg, VA 23185
Telephone: (757)253-0142 Fax (757) 229-5361**

Today's Date _____ Time _____

Name of Contact _____ Phone _____

Address _____

Fax Number _____ Email _____

Group Requesting _____

Event or Purpose of Meeting (details) _____

Day(s) and Date(s) Requested _____

Building and Room Requested _____

Start Time: _____ End Time: _____

Number of People Attending _____ Is there a fee being charged? _____

Time Needed for setup: Beginning Time _____ Ending Time: _____

Set Up Requirements (Tables, etc.) _____

St. Bede Parish Member yes no St. Bede Sponsored Group yes no

Notes: Non parish sponsored organizations or events require a Certificate of Liability Insurance for \$1,000,000.00 naming St. Bede Church and the Catholic Diocese of Richmond as "additional insured". If certificate cannot be provided, single day event insurance can be purchased from the Diocese of Richmond for a fee of \$100.00. The Diocese of Richmond requires two (2) weeks to process single day event insurance purchased from the Diocese.

Request taken by _____ Date _____

Acceptance for Meetings/Events is not automatic, your date requested will be confirmed with a signed copy of this reservation form.

For Parish Office Use Only

Received by: _____ Date: _____

Response Date _____ By: _____

Response Details: _____