



天主教聖曹桂英堂

St. Agnes Kouying Tsao Catholic Church

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BOOKING FOR PARISH HALL/ROOM OR OTHER EQUIPMENT

Name of Ministry: _____

Applicant Name: _____ Tel. No.: _____ E-mail: _____

Date Requested: _____ (Day of the week) _____ No. of attendees: _____

Inclusive Times: From _____ To _____

- Facilities: Rm. 301 (50) Rm. 302 (10) Rm. 303 (20)
 Rm. 205 (25) Rm. 206 (25) Chapel/ Rm. 203 (50)
 Rm. 101A (110) Rm. 101B (80) Rm. 112 (30) Rm. 113 (30)
 Church (Pastor's Approval Req'd) Grand Organ Pantry (Basement)
 Others: _____ (Please Specify)

Purpose: _____ Equipment Required: _____

Signature: _____ Date this application is made: _____

Conditions:

1. Bookings should be made to the office **at least ONE WEEK in advance** before date of event.
2. The Chairperson or the Vice Chairperson of the Ministry/Group **MUST** sign this form.
3. Please adhere strictly to your approved and scheduled date and times.
4. **No activities allowed after 10:00 pm (Monday TO Saturday) & till 6:00pm on Sundays; Facilities Not Available on ALL Public Holidays.**

Please clean up the room after use, ensure all garbage are removed and placed beside the garage door; Recycle Materials into Recycle Bins; All furniture & equipment put back in their original positions as per Floor Plan and Photo posted after use;

5. The user **Must** report damages (if exist) immediately after using the facility.
6. Keep the Room and Floor tidy and Switch off all lights when leaving the room.
7. The office **WILL NOT** entertain application or subsequent request for change once approved.
8. The Parish Office reserves the right to recommend approval or disapproval of any booking.
9. Reservations on Rooms listed above are for our Church official Groups **ONLY**

10. Participants MUST be masked inside the Church building

For Office Use Only:

Approved by the Pastor: _____ Date: _____

Checked by Office: _____ Room Assigned: _____

Remarks:
