

# Alibrandi Catholic Center Facility Usage Form

Alibrandi Catholic Center  
110 Walnut Place  
Syracuse, NY 13210

315-478-5959  
(fax): 315-443-4465  
stthomasmoreatsu.org

Event \_\_\_\_\_ Contact Person \_\_\_\_\_

Date & Time of Event \_\_\_\_\_ Phone \_\_\_\_\_

Organization \_\_\_\_\_ E-mail \_\_\_\_\_

Space Requested: (please circle all that apply)

Theta Phi Alpha Community Room  
Small Chapel

Great Room  
Library

**Description of the Event & Services Needed:**

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**Number Attending:** \_\_\_\_\_

**Room Setup/Breakdown:**

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**Equipment Needs:**

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**Offering:** \_\_\_\_\_ + \$50 cleaning deposit + Uninsured Fee \$ \_\_\_\_\_ = \$ \_\_\_\_\_

We reserve the right to deny any events that are inconsistent with the mission and vision of the Alibrandi Catholic Center. There is a \$50 cleaning deposit required two weeks prior to the event. If an event is canceled, the \$50 deposit is non-refundable. A Certificate of Liability Insurance form showing proof of coverage for liability purposes needs to be sent to our office. If no certificate is available, an Uninsured Fee of \$100 will be added to the offering. Any damages to our facility are the responsibility of the organization utilizing the space. Your signature below means that you agree to these terms. Offerings can be made by cash, check or through SU billing.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Alibrandi Catholic Center Office Manager

\_\_\_\_\_  
Date