ACCESS CARD/KEYS REQUEST APPLICATION FORM

St. Elizabeth Ann Seton Parish & Seton Catholic Schools

•	Coach to grant me [print full name]
	s to one or more of the below mentioned
facilities for the purpose of Cleaning Sports Sacristy v	·
other [Specify]	from to
I hereby recommend	_to access one or more of the below mentioned
facilities for the purpose of I voi	uch to the best of my knowledge for the trust and
credibility of this person.	
☐ Seton Catholic School Gym located on 233 South 5 th St	reet, Richmond, IN.
☐ Seton Catholic Junior/Senior High School located on 233 South 5 th Street, Richmond, IN.	
☐ Seton Catholic School – Primary building located on 700 N. A – Street, Richmond, IN.	
☐ Seton Catholic School – Intermediate building located on 801 West Main Street, Richmond, IN.	
Holy Family Catholic Church located on 815 W. Main Street, Richmond, IN.	
St. Mary Church located on 720 North "A" Street, Richmond, IN.	
☐ St. Andrew Church located on 235 South 5 th Street, Richmond, IN.	
☐ Newman Center at Holy Family Campus ☐ Rectory at 720 A Street, Richmond, IN	
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Acknowledgement	
I hereby agree to the following terms and conditions:	
• I will use this/these facilities for the purposes intended and make sure the doors remain shut all the time,	
 I will not bring/use alcohol or smoke in these facilities, 	
 I will not hand the access card/keys to unauthorized persons including family members, 	
• I will return the access card to the parish office upon completion of the intended use,	
• I will not use the facilities between 10:00pm and 5:00 am, unless a major event is in place,	
The access card may be deactivated without prior notice,	
I will reimburse the parish if the card/key is lost or destroyed,	
I will reserve the facilities for use and provide insurance	e coverage, if applicable.
Signature	Signature of person recommending
Approved by the Pastor	Date