



CHURCH OF THE IMMACULATE CONCEPTION  
400 SARATOGA ROAD  
GLENVILLE, NEW YORK 12302  
518-399-9168  
ICCHURCH@NYCAP.RR.COM

"HONORING OUR PAST...CELEBRATING OUR PRESENT...  
BELIEVING IN OUR FUTURE"

July 31, 2009

To: Parish Ministry Leaders  
From: Parish Office  
Re: Use of Facilities for 2009-2010

It is time to submit your ministry's requests for facility use for the coming year. Rooms will be assigned on a first requested basis, so please give this your attention as soon as possible.

Please note that the Parish Center is completely booked by our Faith Formation or Youth Ministry classes at the times below:

Sundays from 9 AM – 12 Noon  
Mondays from 3 – 9 PM  
Tuesdays from 3 – 6 PM  
Wednesdays from 3 – 9 PM

**Fill out the enclosed form and return it to the church office.**

You also have the option of visiting the parish website and submitting your request by email.

Scheduling will be done through the rectory this year; Fran Szpylczyn will confirm your request in a timely manner.

If you have any questions or concerns, please contact us at 399-9168 or [icchurch@nycap.rr.com](mailto:icchurch@nycap.rr.com).

If you are no longer the ministry leader, please let us know and pass this on to the appropriate person.

*Thank you!*

**CHURCH OF THE IMMACULATE CONCEPTION  
2009-10 APPLICATION FOR USE OF PARISH CENTER FACILITIES**

**Name of Organization or Group:** \_\_\_\_\_

**Group Leader:** \_\_\_\_\_

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

**Phone:** \_\_\_\_\_ **Day**  
\_\_\_\_\_ **Evening**  
\_\_\_\_\_ **Cell**

**Email** \_\_\_\_\_

**Group Leader:** \_\_\_\_\_

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

**Phone:** \_\_\_\_\_ **Day**  
\_\_\_\_\_ **Evening**  
\_\_\_\_\_ **Cell**

**Email** \_\_\_\_\_

**Has your group/ministry been approved by the Albany Diocese?**      **Yes**      **No**

**Is there a fee for the participants in your group?**      **Yes**      **No**

**Does your group/organization have liability insurance through a nationally recognized organization?**      **Yes**      **No**

**Have you submitted your insurance certificate to the rectory?**      **Yes**      **No**

**Does your group involve working with children at any time?**      **Yes**      **No**

**Are any of the members of your group non-parishioners?**      **Yes**      **No**

**(OVER)**

