

Mass Kit Request

Christ the King Chapel

- All requests must be submitted at least 3 working days prior to the date of pickup.
- Mass kits are limited and will be distributed according to the order in which requests are received. *All requests must be approved before a Mass Kit may be issued.*
- Mass kits should be picked up and returned according to the time specified on this form from **10:00 am – 2:00 pm** OR **6:00 pm – 10:00 pm** Monday through Friday. The specific time is required so that kits can be prepared in advance.
- The Mass Kit and all of its contents must be returned on the date specified on this form in the same condition in which they were received.
- A fine will be assessed for items that are lost, damaged, or returned late.
- The specified Contact Person *MUST* be the person to pick up and return the kit.
- Please complete all applicable fields of this form.

TO BE COMPLETED BY REQUESTER

Please Print Clearly

_____ Name of Contact Person	_____ Today's Date	_____ Organization or Department	
_____ Address or Campus Box #	_____ City (if not Steubenville)	_____ Phone Number or Extension	
_____ Event or Reason for Requesting Mass Kit		<input type="checkbox"/> On Campus	<input type="checkbox"/> Off Campus
_____ Name of Celebrant(s)	_____ # of Masses	_____ # of People	<input type="checkbox"/> Vestments Needed
_____ Date Kit Will Be Picked Up	_____ Pick Up Time	_____ Date(s) Mass Will Be Celebrated	_____ Date Kit Will Be Returned

TO BE COMPLETED AT PICK UP

The checklist on the back of this form must be completed in full by the Staff Member assisting check-out and then reviewed by the Contact Person before signing below. A signature indicates that all of the items listed on back have been received as well as any vestments described above. The signer agrees to be held personally responsible for paying any fines assessed for this check-out.

_____ Kit #	_____ Description of Vestments (if included)		
_____ Signature of Contact Person	_____ Date	_____ Signature of Assisting Staff Member	_____ Date

TO BE COMPLETED AT CHECK-IN

_____ Description of Missing Items	
_____ Signature of Staff Member	_____ Date

FOR OFFICE USE ONLY

_____ Processor's Initials	<input type="checkbox"/> Yes <input type="checkbox"/> No Date Approval	<input type="checkbox"/> Yes <input type="checkbox"/> No Final Approval	_____ Authorized Signature	_____ Date
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