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all
welcome.

All Saints Episcopal Church

APPLICATION FOR USE OF FACILITIES
Please print. All blank areas must be completed.

Office Use Only

Application No. _____

Today's Date _____

Name _____

Address _____

City _____

State _____

ZIP Code _____

Responsible Adult Representative in Charge of Activity _____

Address, City, State, ZIP _____

Home Phone (_____) _____ Work (_____) _____ Cell (_____) _____

Purpose of Rental _____

Expected Number of Guests _____ (Not to exceed 100 persons)

Date Needed _____ Day of Week _____ Time _____

Time FROM: _____ AM/PM TO: _____ AM/PM

Will include set-up, event and clean up. Additional time will be charged at hourly rate

Total cost for _____ hours at \$30.00/hour = \$ _____
(Does not include \$50.00 Refundable-By Mail Security Deposit)

NOTE: The applicant agrees to indemnify and hold harmless All Saints Episcopal Church, its members and its employees from all liability, claims, demands, damages, or costs for or arising out of any incident (subject of indemnity) whether it be caused by the negligence of the indemnifier or All Saints Episcopal Church or either party's agents or employees or otherwise.

Deposit of \$50.00 Security Deposit required to reserve hall. This check will be returned in its entirety via mail following the event as long as there is no damage done and the event ends at the above stated time.

Applicant should be aware of the facility rental fees. Your signature indicates you are aware that appropriate fees will be charged.

I have read and understand the Regulations for Use of Church Facilities.

Applicant's Signature

Date

Church Approval _____ Date _____