

Contract for the Use of St. Michael's Church Parish Hall

Name of Organization/Person: _____

Person making arrangements: _____

Address: _____

Phone: (W) _____ (H) _____

Please Note: If contact person changes, notify the Parish Office immediately. (526-1790)

Type of event: _____ (meeting, dinner, etc.)

Frequency: One Time [] Weekly [] Monthly []

Dates Requested:

Start Date End Date Start Time End Time Day of Week Week of Month

Room Requested Usage Fee Payment Received

Parish Hall _____

Kitchen _____

Other _____

- Please return the completed form to the office to secure meeting time.
- No smoking allowed anywhere in the building.
- It is your responsibility to secure windows, turn off lights, and lock doors.
- If you have questions, please call church office (526-1790).

I have received a copy of the Parish Hall Guidelines, and agree to the terms and conditions set forth therein.

Signed: _____ Date: _____

Accepted/dates entered on Church Schedule: _____ Date: _____

Key Received: _____ Key Returned: _____