Rental of Fellowship Hall

Type of Event:				
Time: _		Day of Event: _		
Renter's Full Name:				
Address:				
City:				
Telephone Number(s):				
Will you be using the: Kito	chen	_ Fellowship Ha	 all	
Check-in Date/Time:		Check-	out Date/Time:	
Who is responsible for this	s bill?			
Deposit: A non-refundable \$25 de business days before the be made by cash, money	scheduled	event. The method of		` ,
Rental Fee: \$100 for use of Kitchen/Fe	ellowship H	Hall/Custodian Fee		
Payment Schedule: Rental fee:	\$			
Less deposit:	\$		Date paid:	
Balance:	\$		Date DUE :	
Amount Paid:	\$		Date PAID :	
Waiver: The applicant and the individua action, which they may have ag application. The applicant and its officers, agents and emplo losses and expenses, including by the applicant group and its plans change, please notify the changed. A new date will depend any damage is the responsibility all personal items. All items less are lost or stolen.	gainst St. Joh the individua yees from all reasonable members, gue church offiend on availaty of the pers	nn AME Church as a result als executing this application and against any and all classes of litigation arising out uests, employees and agencice immediately. St. John ability of the space. This reson(s) reserving the facility.	of the use of the chan shall indemnify a saims, demands, can to for associated when the pursuant to this is not obligated to equest is not valid. The person(s) is	nurch facilities pursuant to this nd hold harmless St John and auses of action, and all other with the use of church property application <u>NOTE</u> : If you to honor dates that have been until confirmed by the church, also responsible for removing
Pastor's Signature:				Date:
Renter's Signature:				_Date:
Witness' Signature:				_Date: