

Rental of Fellowship Hall

Type of Event: _____

Time: _____ Day of Event: _____

Renter's Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number(s): _____

Will you be using the: Kitchen _____ Fellowship Hall _____

Check-in Date/Time: _____ Check-out Date/Time: _____

Who is responsible for this bill? _____

Deposit:

A non-refundable \$100 deposit is required to reserve the date. The balance is due seven (7) business days before the scheduled event. The method of payment for the final balance needs to be made by cash, money order, or cashier's check.

Non-St. John members Rental Fee:

\$500 for use of Kitchen/Fellowship Hall/Custodian Fee

Payment Schedule:

Rental fee: \$ _____

Less deposit: \$ _____ Date paid: _____

Balance: \$ _____ Date **DUE**: _____

Amount Paid: \$ _____ Date **PAID**: _____

Waiver:

The applicant and the individual executing this application hereby waive any and all claims, demands, and causes of action, which they may have against St. John AME Church as a result of the use of the church facilities pursuant to this application. The applicant and the individuals executing this application shall indemnify and hold harmless St John and its officers, agents and employees from and against any and all claims, demands, causes of action, and all other losses and expenses, including reasonable cost of litigation arising out of or associated with the use of church property by the applicant group and its members, guests, employees and agents pursuant to this application. . **NOTE:** If your plans change, please notify the church office immediately. St. John is not obligated to honor dates that have been changed. A new date will depend on availability of the space. This request is not valid until confirmed by the church. Any damage is the responsibility of the person(s) reserving the facility. The person(s) is also responsible for removing all personal items. All items left in the facility will be discarded. St. John is not responsible for any valuable items that are lost or stolen.

Pastor's Signature: _____ Date: _____

Renter's Signature: _____ Date: _____

Witness' Signature: _____ Date: _____