

Application For Use Of Church Of The Assumption Facilities

Name of organization making request: _____

Please list name of representative for your organization: _____

Address: _____

Phone: _____

Date of use: _____

Time desired: _____

Approx. Number of Attendees: _____

Room(s) desired: _____

Will you need the stove/oven? _____

Do you have liability insurance? _____ (see attached sheet)

Assumption staff member who's the contact for your group or event? _____

Who will be present and in charge during the event (must be a staffer or his/her delegate) (name and cell phone #) _____

Are you selling tickets for your event? _____

Will you need promotion for your event? _____ (Please consult with your staff contact if so)

Rental fee: see Facility Use Policy for standard rental fees.

Cleaning/Security deposit: \$125

Please know that your deposit may be applied to your fee or it will be returned within one week assuming your group has satisfactorily met our policy guidelines. Any damage above the deposit fee will be your responsibility.

If you have any questions, please contact our Secretary, Shirley Stickles or the Business Manager, Karen Webb at 388-0040. Emergency calls only to Jim Robinson 749-4991. Thank you.

Signature of Applicant _____ Date _____