

APPLICATION FOR USE OF ST. JOHN'S EPISCOPAL CHURCH BUILDING  
 St. John's Contact, Parish Administrator phone: 762-5273, fax 762-1559

<b>APPLICANT TO COMPLETE THIS SECTION</b>	
Event _____	Number to attend _____
Date _____, 200__, day of week _____	Time _____ AM/PM Length of time _____
Name of User (Organization or Group) _____	
Address _____, 284 _____	
Name of Contact/Responsible Person (please print) _____	
Signature of person responsible _____ Position ( <b>required</b> ) _____	
<i><b>I have read and agree to follow the "Policy Governing the Use of the Buildings and Grounds", and will complete the "Door Lock-up &amp; Elebash Hall Set-up Form" if applicable.</b></i>	
Telephone - day _____	Night _____ Cell/Beeper _____
Who will be <b>on-site</b> during event? Name _____	
<i>This person is specifically responsible for Sections A. 1., C &amp; D of the Policy.</i>	
Telephone - day _____	Night _____ Cell/Beeper _____
Is Contact or On-Site person a member of St. John's Episcopal Church? ____	
Name _____	

**OFFICE TO COMPLETE**

(Circle desired space and show fees wherever applicable)

1. Sanctuary \$100

2. Elebash Hall/Kitchen \$100

3. Meeting Room(s) \$ 20

4. Cleaning Deposit for (1) and (2) above \$ 30

5. Key Deposit \$ 25

Room Rental total due \$ \_\_\_\_\_

Deposit(s) due \$ \_\_\_\_\_

Balance Due \$ \_\_\_\_\_

***Signature of Parish Administrator  
 indicating date/time is available  
 on the church calendar.***

\_\_\_\_\_

Date \_\_\_\_\_

**APPROVAL SIGNATURE**

Rector \_\_\_\_\_

Date \_\_\_\_\_

**RECEIPT OF MONEY**

Today's Date \_\_\_\_\_, 200\_\_ Check Number \_\_\_\_\_ - \_\_\_\_\_

For St. John's Episcopal Church