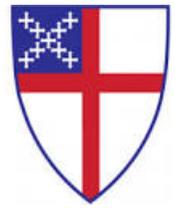


SAINT MARGARET'S

EPISCOPAL CHURCH

5301 Free Pike, Trotwood, Ohio 45426, (937) 837-7741



FACILITY RENTAL APPLICATION

CONTACT INFORMATION:

Name of organization / Applicant:

Name of contact person (if other than applicant):

Contact Number:

Alternant Number:

Fax:

E-mail address:

Address:

City:

State:

Zip Code

ACTIVITY INFORMATION:

Requested date for event:

Type of event:

Start time (including preparation time)

End time (including cleanup time)

Is this a reoccurring event? Yes No

If yes, give details

Is the event a ministry of St. Margaret's Episcopal Church?

Will alcohol be served at this event? Yes No (if yes, see the Facility Rental Guidelines)

DEPOSIT: \$150 deposit is required. (Deposit refund is based on adherence to Facility Rental Agreement Guidelines.)

Yes	No	Room(s) to be Used	Non-Member	Parishioner	Amount
		Parish Hall	\$150/hr. for 2hr. min.	\$75 for 2hr. min.	
		Parish Hall and Kitchen	\$325/hr. for 4hr. min.	\$162.50 for 4hr. min..	
		Sanctuary (Nave)	\$500 for 4hr. min.	\$250 for 4hr. min.	
		Sound Technician	\$50	\$25	
		Conference Room	\$50 for 2hr. min.	\$25 for 2 hr. min.	
		Fee for additional over time	\$50/hr.	\$25/hr.	
		Fee for opening and closing	\$25	\$12.50	
		Deposit	\$150	\$75	
Total Event Cost					

****If printed from the website, application must be presented to, approved and signed by the Parish Administrator****

STAFF USE ONLY:

Approved _____ Not Approved _____

Reason (Not approved) _____

Outreach _____ In-kind _____ Parishioner _____

Total Cost of Rental \$ _____ Deposit of \$ _____ Date paid: _____

Balance Due \$ _____ Date Balance is Due _____ Balance Paid _____

Facility Use Agreement Guidelines

NOTE: By signing this Facility Use Agreement document, the Applicant acknowledges agreement to all stated guidelines in the full Facility Use Guidelines document.

Applicant Print Name

Applicant Signature

Date

Parish Administrator Signature

Date

Facility Rental Guidelines received _____
(Applicant initials here)