## St. Philip and St. James Episcopal Church PARISH HALL RENTAL FORM

	APF	PLICANT II	NFORMATION		
Name of Individual/Group/Organization:					
Current Address:					
City		State		Zip Code	
Point of Contact:					
Phone (Day)	Phone (Evening)				
PROGRAM/EVENT INFORMATION					
Program/Event Descriptior	1:				
Anticipated Number of Guests/Participants					
, indepated Hambel of Ca			REQUESTED		
Date of Program/Event					
Time of Program/Event					
	RE	NTAL RATE	HOUR OF USE		
\$275 - maximum of 3 hours					
Security Deposit - \$200					
I, the undersigned, agree to indemnify and hold harmless St. Philip & St. James Episcopal Church, its officers,					
agents, employees from and against all loss, claim, liability, claim or expense, including without limitation,					
costs associated with any injury or damage to person or property relating to or arizing out of applicant's use					
of St. Philip and St. James Episcopal Church facilities. Furthermore I, the undersigned, understand and agree					
to the Instruction/Rules.					
Signature of Individual/Group Leader					
Date:					
TO BE COMPLETED BY THE CHURCH					
Received Date	Approved	Data	Received By:	Data	
Senior Warden	Approved	Date	Not Approved	Date	
				1	