



Facilities

ST. JOHN'S OF
LATTINTOWN
EPISCOPAL CHURCH

**APPLICATION
FOR USE 2007**

APPLICATION FOR USE OF PARISH FACILITIES

Name of Group _____

Group Address _____

Contact Name _____

Contact Telephone _____

Date of Application _____

Requested by _____

Intended Usage _____

Event Date (am/pm) _____

To (am/pm) _____

Person(s) in Charge _____

1. Name & Title _____

Day Phone _____

2. Name & Title _____

Day Phone _____

Estimated Attendance _____

Areas Requested

- | | |
|--|---|
| <input type="checkbox"/> Parish Hall, max. 70 people | <input type="checkbox"/> Great Lawn |
| <input type="checkbox"/> Guild Room, max. 40 people | <input type="checkbox"/> Undercroft, max. 50 people |
| <input type="checkbox"/> Kitchen | <input type="checkbox"/> Cloister |

Equipment Needs (Please note all, i.e. audio/visual, tables, chairs, electrical)

Set-up of premises needed? yes no If yes, please attach details/diagrams.

When will prior access to building be needed?

Set-up Date _____ Time (am/pm) _____

Event Date _____ Time (am/pm) _____

Who will be present (responsible) during the event?

Facilities Documents

- Application Form
- Rules & Regulations
- Donations Guide

Please review all pages and complete the requested information. Return this form, along with security deposit, to the Parish Office. Attach additional pages, if necessary.

Who will secure the building after the event? _____

Will outside publicity be used? If so, what type? _____

Other arrangements/special needs?

I have read the above thoroughly and agree to comply with all regulations regarding the use of St. John's of Lattingtown Parish Facilities.

Signature: _____

Date: _____

Print name: _____

END OF APPLICATION

This section to be completed only by St. John's

Date request received _____

Vestry approval needed? yes no

Date approved _____ By whom? _____

Date refused _____ By whom? _____

How will access to building(s) be given? _____

Who will secure building(s) after event(s)? _____

Security Deposit received (check #) _____

Donation received (check #) _____

Any Church reimbursement required? yes no

Security Deposit refunded? yes no

Approved with the following restrictions _____

Proof of Insurance waived? yes no (If no, attach copy)

Notes