

Contract for the Use of St. Mark's Church Parish Hall

Name of Organization/Person: _____

Person making arrangements: _____

Address: _____

Email: _____

Phone: (W) _____ (H) _____ (C) _____

Please note: If contact person changes, notify Parish Office immediately. (401-737-3127)

Type of Event: _____

Frequency: One time [] Weekly [] monthly []

Proof of Insurance []

Dates Requested:

Start Date / End Date / Start Time / End Time / Day of Week / Week of Month

_____/_____/_____/_____/_____/_____

Room Requested

Usage Fee

Payment Received

Parish Hall

Kitchen

Other

- Please return the completed form to the office to secure meeting time.
- No smoking allowed anywhere in the building.
- It is YOUR responsibility to secure windows, turn off lights, and lock doors.
- Proper placement of trash bags in receptacles.
- Do not touch thermostat.
- If there are any questions, please call church office (401-737-3127).

I have received a copy of the Parish Hall Guidelines, and agree to the terms and conditions set forth therein.

Signed: _____ Date: _____

Accepted/dates entered on Church Schedule: _____ Date: _____

Key Received: _____ Key Returned: _____