

St. Peter's Episcopal Church Property Day Use Agreement - Parish Hall
 115 St. Peter's Street, Salisbury, MD 21801, 410-742-5118, info@stpeterschurch.net

This is an agreement between St. Peter's Church and:

Name of Individual/Organization: _____

If an organization, name of event coordinator: _____

Address, City, State, Zip: _____

Phone Number: _____ Email Address: _____

St. Peter's Parish Hall will be utilized for the following:

Name/Type of Event: _____ Date of Event: _____

Time of Event: From: _____ To: _____ Number of People in Attendance: _____

Maximum occupancy: 240

Will alcoholic beverages be served or consumed at this event? No _____ Yes _____
 If yes, describe the type of alcohol and manner that you plan to serve these beverages on the back of this form or as an attachment.

I have reviewed the details of the plan and grant my permission: _____
 Rector's Signature

Fees and Deposits to be Paid Prior to the Event:

Use of Parish Hall:

Includes use of Tables and Chairs with user moving tables & chairs

Full Day: \$200 \$ _____

Use of Kitchen: Full Day: \$100 \$ _____

Nonprofit Meeting: Rate (1-3 hrs.) \$50 \$ _____

Reception for an on-site wedding (\$50) or funeral (Included in fees) \$ _____

Subtotal: \$ _____

Less Parishioner Event Discount -\$ _____
 (Divide Subtotal by 2)

Deposit Fees (\$25 per key, \$75 Hall Cleaning \$50 Kitchen Cleaning): +\$ _____

Total: \$ _____

For Internal Use Only

Initial Payment: \$ _____

Cash Check # _____

Remainder Owed: \$ _____

Policy agreed to on date: _____

Added to Calendar by: _____ Date _____

Deposit Received: \$ _____

Cash Check # _____

Date Received: _____

Remainder Fees Rec'd: \$ _____

Cash Check # _____

Date Received: _____

Key(s) given on Date: _____

Given to: _____

Key(s) returned on date: _____

Returned by: _____

Returned to: _____

NOTES: _____

I have read and agree to abide by St. Peter's Property Use Policies for the use of the facilities for the purpose of, and on the date and time indicated above..

Event Coordinator's Signature _____ Date: _____

If an organization, must be an authorized signature of the organization

Rector or authorized approval: _____