Church of St. John of Damascus

300 West Street Dedham, MA 02026 (781) 326-3046

APPLICATION FOR HALL RENTAL

<u>IMPORTANT:</u> Please complete all information, <u>side one and side two</u>, and return ASAP. Hall Rental will be null and void if this form is not completed, returned with deposits and approved within two weeks of the Application date*.

Function Date							
Day of Week (Circle One) Sunda		Tuesday	Wednesday	Thursday	Friday	Saturday	
Name of Organization or Individ	ual						
Address							
Home Telephone #		_ Busine	ss Telephon	e #			
Fax#	_ e-mail						
Requested Hoursto)						
Intended Use	Approximate Attendance						
Name of person or organization	responsible	for the	affair if oth	er than ap	plicant	(if same, so	
indicate)							
Address							
Home Telephone #	ne Telephone # Business Telephone #						
Name of Caterer (if applicable) _							
Address	Telephone #						
	<u>FACILITI</u>	ES REQI	<u>UESTED</u>				
Kitchen (please be sure the with regards to the kitchen.)	at party using	g the kitche	n/caterer has	read the Re	ntal Polic	y guidelines	
Refreshment Bar (pleabar area)	se be sure tha	it you have	read the Renta	al Policy gui	delines w	ith regards to	

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Large Hall	Small Hall _		_ Head Tabl	le	- # of people	
# of tables (round)	(8ft. rectangle	e)	_ # of chairs per	table		
Risers P.A. System						
I have completed this app	•			ina unaerstood	i and agree to th	
rental policy which is inco	rporated here	in by refer	ence.			
Applicant Signature			Date		-	
						
THE FOLLOW	NG TO BE	<u>COMPL</u>		NTAL CHAI		
			ation Receive	Date		
RENTAL FEE \$	AMOUNT	AMOUN	NT RECEIVED	CHECK #	DATE PAID	
Amount Received for Rental						
Amount Received for Security Deposit						
Additional Costs						
Date of Post Function Inspection						
Amount and Date of Security Deposit Return						
Approved by the Rental Co		D-4-				
		Date				
Refreshment Bar		il/1	Liquor Liscense _			
Copy given to Custodian						

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