



The Neighborhood Center at All Saints Parish

Date _____

Application: Partner Information

Name of Applicant or Organization _____

What is your use or event (*describe briefly or attach information*)?

Contact Person Information – *Must sign application and is responsible for use of facilities*

Name _____

Address _____

City, State, ZIP _____

Telephone _____ Secondary/Cell _____

Email _____

Provide additional names and contact information on next page.

Type of Use (*select one. See **Information for Partners** for fees*)

- _____ Parish member special event/party
- _____ Fee-based continuing class/meeting
- _____ Parish member fee-based program
- _____ Non-parish member one-time event
- _____ Other (specify) _____

Is alcohol to be served?

YES _____

NO _____

Insurance Coverage

We will require a copy of your insurance coverage with your application. If you do not have insurance, contact the coordinator of The Neighborhood Center to make other arrangements.

YES we have insurance _____

NO we do not have insurance _____

Additional Contacts (from Page 1, if applicable)

Application is tentative until

- You have received an approved signed copy of this form
- You have submitted key deposit and use fees.
- You have submitted proof of insurance.

I have read the Building Use Policy for The Neighborhood Center at All Saints Parish and agree to its stipulations. If alcohol is to be served, initial here: *I agree to follow all guidelines on alcohol use* _____

Applicant Signature _____ Date _____

Print Name _____

Approved by:
The Neighborhood Center Coordinator _____

For The Neighborhood Center Use Only

<i>Date Use Fee Rec'd</i>	<i>Group 1</i>
<i>Date Key/ Security Deposit Rec'd</i>	<i>Group 2</i>
<i>Optional Fees Rec'd</i>	<i>Group 3</i>
	<i>Group 4</i>
	<i>Group 5</i>
Insurance:	

Application: Event and Space Information

Organization: _____

Contact Person: _____

Home Address:

_____ Street _____ City _____ Zip
Code

Phone: (____) _____ Work Phone: (____) _____ Email: _____

Meeting Information

Type of Activity: _____ Estimated Attendance: _____

<i>Day & Date</i>	<i>Time needed (Please include set-up and clean-up times)</i>	Event starts at	Room (circle your preferences)
1. _____	To _____	_____	<i>Fireside Room</i>
2. _____	To _____	_____	<i>Corner Office</i>
3. _____	To _____	_____	<i>Parish Hall</i>
4. _____	To _____	_____	<i>Kitchen</i>
5. _____	To _____	_____	<i>Nave Circle (back of church)</i>
6. _____	To _____	_____	<i>Worship Space</i>
7. _____	To _____	_____	<i>Stage (elevated)</i>
8. _____	To _____	_____	_____
9. _____	To _____	_____	_____
10. _____	To _____	_____	_____
11. _____	To _____	_____	_____
12. _____	To _____	_____	_____
13. _____	To _____	_____	_____

Notes: