St. Charles Episcopal Church
Facilities Use Request Form/Reservation Agreement

Name of Organization (User): _____

Name of Authorized Contact Person (Sponsor): _____

Address: _____

Contact Telephone # : _____

Email Address : _____

Type of Program Planned: _____

Day(s)Date(s) of proposed use of facilities: _____

Time(s) needed: _____

Space(s) requested: _____

Amount of parking required: _____Attendance expected: _____

Fee for facility use : _____ *(To be completed by the church)*

Security/Cleaning Deposit required: _____ *(To be completed by church)*

I, the undersigned, have read and understand the St.Charles Episcopal Church Facilities Use Policy and Agreement, Fees, and Regulations, and agree to abide by all terms and conditions included in them and the COVID-19 Facility Use Addendum if applicable.

I understand that neither the church nor its officers, representatives, employees, and agents may be held liable in any way for an occurrence in connection with the activity which may result in injury, harm, or other damages to the undersigned or members of our organization and guests, invited or not.

I promise and warrant that I will obtain permission from the parents or guardians of minor participants prior to the date upon which the User begins to use the above described premises.

Authorized signature: _____

Print name: _____ Date of application: _____

Approved by:_____ Date: _____