

ST STEPHEN'S RENTAL FORM

Date request received _____

Person receiving request _____

Requested from _____
(organization or individual)

Requestor's Contact _____
(Name & telephone)

Type of Event _____
(Wedding, funeral, election, meeting, etc)

Date/Time of Event _____ No of Attendees _____

Space Required _____
(specific rooms, kitchen facilities, dishes, etc)

Church Contact _____
Board Member Session Member

Church Staff Involved (Initial all that apply)

Minister(s) _____ Music Director _____ Custodian _____

I understand that alcoholic beverages are NOT permitted on the premises

Signature _____

Total Fee (Donation) _____

Fee Received _____
(Signature) (Date)