

EXHIBIT A
ST. JOHN'S CHURCH
FACILITIES RENTAL REQUEST
(This Form is an integral part of the Facilities Rental Agreement)

Lessee's Name: _____

Lessee's Address: _____

Lessee's Phone Number: _____ Lessee's E-Mail Address: _____

Lessee's Representative (if applicable):

Name: _____

Phone Number: _____

E-Mail Address: _____

Date of Use: _____ From: _____ am/pm to: _____ am/pm

Number of Participants: _____

Space Requested

Parish Hall Living Room Chapter Room Thorne Room

Undercroft Classroom 1 Classroom 2

Kitchen Use: Partial* Full**

Chairs(#) _____ Tables (# square 36" x 36") _____ Tables (# rect 72" x 30") _____

Special request/needs/activities: _____

Set-up by sexton** If set-up by Sexton, is seating plan available?

Wifi required? Key required? (If so, deposit required)

Will alcohol be served? Will alcohol other than wine/beer be served?

Will there be music? Will children/youth participate?

Will the event be catered? Will the event be publicized?

Does the Lessee carry insurance with liability limit of \$1 million? Is St John's Church named as an insured person on such policy?

The Lessee (or, if applicable, the Lessee's representative) has read, and the Lessee agrees to comply with, the St. John's Facilities Use Policy.

Requested by: _____ Date: _____

Note: * Partial kitchen use (refrigerator, counter & sink). ** Separate fees apply