

SALISBURY UNITED CHURCH
FACILITY RENTAL APPLICATION

Group Name: _____

Purpose: _____

Number of people: _____ (approximate number per occasion)

Dates/days of week: _____

Times: From _____ a.m./p.m. to _____ a.m./p.m.

Contact person(s) _____

Telephone: Cell: _____ Residence: _____

Additional Information: _____

Signature of applicant: _____

Date of application: _____

-----Church Office Use -----

Room: _____

Fee: \$ _____ per occasion Damage/cleaning deposit: _____

Approval of Property Committee:
(name) _____ (signature) _____ (date) _____

Method of payment: _____ Date of payment: _____

Keys: Front door: Yes/No If yes, \$20 deposit: Yes/No
 Kitchen: Yes/No
 Keys returned: Yes/No/NA

Walk through & instructions provided: (name) _____ (signature) _____

Comments: _____

cc: Property Committee