

Holy Angels Parish
South Meriden, Connecticut

Gymnasium Rental Application

Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-Mail: _____

Day of Week Desired: _____ Date Desired: _____

Start Time: _____ AM/PM Concluding Time: _____ AM/PM

Purpose of Activity: _____

Approximate Number in Attendance: _____

Number of Tables Needed: _____ Number of Chairs Needed: _____

Will You Be Using A Caterer? _____ Will Alcoholic Beverages Be Served? _____

If Yes, Caterer's Name and Phone Number: _____

In consideration of and agreement to the Center Use Program Policy and Procedure and the above contributions pledged, Holy Angels Church offers the use of its gymnasium in the Center to:

Name: _____

Address: _____

Date and Time: _____

The occupant hereby certifies that he/she has read the Center Use Program Policy and Procedure brochure and accepts the stated policy and procedure.

Agreed for the Church:

Agreed for the Occupant:

Date: _____

Date: _____

Church Use Only

Deposit Received _____ Balance Received _____ Insurance Coverage Received _____