

St. Andrew's Episcopal Church Property Use Agreement - Parish House
30513 Washington St., Princess Anne, MD 21853, 410-651-2882 SomersetParish@gmail.com

This is an agreement between St. Andrew's Church and:

Name of Individual/Organization: _____

If an organization, name of event coordinator: _____

Address, City, State, Zip: _____

Phone Number: _____ E-mail Address: _____

The St. Andrew's Parish House will be utilized for the following:

Type of Event: _____ Date of Event: _____

Time of Event: From: _____ To: _____ Number of People in Attendance: _____

Will alcoholic beverages be served or consumed at this event? No _____ Yes _____
If yes, describe the type of alcohol and manner that you plan to serve these beverages on the back of this form or as an attachment.

I have reviewed the details of the plan and grant my permission:

Rector's Signature: _____

The Event Will Include the Following:

Use of Parish Hall:
Includes Use of Tables and Chair with User Moving Tables and Chairs

Half Day \$100	Full Day \$150	\$ _____
----------------	----------------	----------

Use of Auxiliary Room:
 (only with use of Parish Hall)

Half Day \$30	Full Day \$30	\$ _____
---------------	---------------	----------

Use of Kitchen For Food Prepared Elsewhere:

Half Day \$50	Full Day \$50	\$ _____
---------------	---------------	----------

Use of Kitchen To Prepare Food:

Half Day \$75	Full Day \$75	\$ _____
---------------	---------------	----------

Tables and Chairs Set-Up and Taken Down by St. Andrew's:
Choose from the Options Provided

___ Dinner ___ Classroom ___ Theater

___ Reception ___ Other (please attach a diagram)

Half Day \$50	Full Day \$50	\$ _____
Sub-Total:		\$ _____

Less Church Event Discount (if church, divide subtotal by 2): ~~-\$ _____~~

Deposit Fees (\$25 Key, \$50 Cleaning): + \$ **75**

Total: \$ _____

For Internal Use Only

Initial Payment: \$ _____
 (Minimum 50% of Total Fees)

___ Cash ___ Check Check # _____

Remainder Owed: \$ _____

Added To Calendar By: _____ Date: _____

Deposit Received: \$ _____

___ Cash ___ Check Check # _____

Date Received: _____

Remainder Fees Received: \$ _____

___ Cash ___ Check Check # _____

Total Fees Received: \$ _____

Date Received: _____

Key Given To: _____ Date: _____

Contacted Inspector: _____ Date: _____

Key Returned By: _____ Date: _____

Amount of Deposits Refunded: \$ _____

Returned to: _____

By: _____ Date: _____

Notes: _____

I have read and agree to abide by St. Andrew's Property Use Policies for the use of the facilities for the purpose of, and on the date and time indicated above.

Event Contact Signature: _____ Date: _____
If an organization, must be an authorized signature of the organization.

Rector's Approval: _____ Date: _____