

St. David's Episcopal Church
FACILITY USE APPLICATION

- Jeffords Fellowship Hall
- Half of Jeffords Fellowship Hall
- Meeting Room

Name of Applicant _____

Organization's Name _____

Mailing Address _____

City/State/Zip _____

Daytime Phone Number _____

Day/Date of Event _____

Time Requested (please include set up time) _____ am/pm TO _____ am/pm

Anticipated Attendance _____ Alcohol served? YES _____ NO _____

Food Served? YES _____ NO _____ Will kitchen/kitchen equipment be used? YES _____ NO _____

Number of chairs needed _____

Number of tables needed 6 ft Round _____ 6 ft. Rectangle _____ 4 ft Round _____

Audio Equipment needed _____

The undersigned hereby agrees to be responsible for the repair of any damage to the facility occurring during and by this use, and agrees to be responsible for the conduct of all persons attending this function. The undersigned has received a copy of the Facility Use Policy and Facility Usage Rules and agrees to comply with the rules and regulations therein.

Signature of Applicant _____ Date: _____

HOLD HARMLESS AGREEMENT

As applicant, or an officially authorized representative of the applicant, I agree that as a condition of the use of the facility, the applicant hereby agrees to, and shall defend, indemnify and hold harmless St. David's Episcopal Church, its officials, directors, employees, volunteers and agents from and against any or all loss, liability, expense, claim, costs, suits and damages of every kin, nature and description, directly or indirectly, arising from usage or activities for which Use Permits are granted.

Applicant/Designated Official _____ Date: _____