

SAINT DAVID'S EPISCOPAL CHURCH
Application for Building Use

Name of Group/Individual _____

Address _____

Contact Person #1

Name _____

Address _____

Day Phone _____ Evening Phone _____

Contact Person #2

Name _____

Address _____

Day Phone _____ Evening Phone _____

Purpose of Meeting/Function/Event _____

Date desired _____

Space Required _____

Estimate of attendance _____ Donation Requested _____ Yes _____ No

Waiver of Liability Form on reverse side must be signed.

Building usage approved by: _____ Date _____ Fee Pd. _____