

St. James Evangelical Lutheran Church

25 N. Adams St.
York, Pa. 17404
(717) 854-7198

Building Rental Agreement Form

Applicant Information

Name of Organization: _____

Contact person: _____

Phone number: _____

Address: _____

Member of St. James: Yes No

Notice: Applicant is responsible for any damage to building and grounds and/or stolen items as a result of the applicant's, or their agent's, activities.

Date/Time Requested

Date(s) of service requested: _____

Approximate Time(s) of Event(s): _____

Type of event: (please describe the anticipated activities) _____

Date approved?

Date not approved and why: _____

Rooms Requested

Which rooms do you wish to reserve? (check all that apply)

Wedding Adult Room Social Room Kitchen

Funeral Parlor Sanctuary

Wedding includes Sanctuary, Parlor, Offices, & Nursery

Funeral includes Sanctuary and Parlor

Fees

Fee Due for Room Rental: \$ _____ Check Check # _____ Cash

Deposit Paid: \$ _____ Yes No

Check Check # _____ Cash

Notice: A deposit is required for all rentals. This deposit will be returned after satisfactory cleanup of room(s) rented. See Schedule of Fees for more details.

Date deposit returned: _____ Mailed In person

Signature (if received in person): _____

Thank you!

Signatures

Applicant

Council President

Church Secretary