



ST. EDWARD'S EPISCOPAL CHURCH

ST. EDWARD'S BUILDING USAGE REQUEST INFORMATION

NAME(S): _____

Contact Information:

Phone: _____

Address: _____

Organization: _____

Non-Profit Community Other (Please specify)

Parishioner

Date(s) Requested: _____

Time Requested: _____

Number of people: _____

Purpose: _____

Space Needs:

Parish Hall Only Parish Hall and Kitchen

Additional Requests: _____

Insurance Certificate: Yes No (need to sign a waiver)