

Rental Fees

Received

Check#

Date

Rental Request

15370 Olive Blvd Chesterfield MO 63017 636-532-0540 stjohnsucconolive@gmail.com

Request Date: Rental Date			Start Time:		End Time:		
Group Name:			Person Ma	aking Request:			
					Number(s):		
City: State:							
					mber Attending:		
raipood of Evolic.					g.		
Rental Space/Item		Hours	Total	Deposit	Equipment Required Number		
Gym	(\$100/hr)			\$200	Tables		
Fellowship Hall	(\$75/hr)			\$200	Chairs		
Community Room	(\$75/hr)			\$100	Volleyball Net		
Library	(\$50/hr)			\$100	Piano		
Sanctuary	(\$250)			\$500	Other		
Choir Room	(\$50/hr)			\$100			
Pavilion	(\$50/hr)			\$100			
Kitchen*	(\$150hr)			\$200			
(*A trained Congregational r	nember will be	needed to	o oversee)	\$25			
time required for this sho responsible congregation we Following your event, pleas receptables are also available. Signature below signifies that them. The user agrees to be claim and demand which me If building key is required, should be left as clean as for will be collected in cash. If	uld be consi- which practic se sort and ale outside. Vec nat user has re nold harmless ay be made to there will be there is any enting the fac	dered when serviced and independent of the service and independent of the service as \$25 dependent of the service as \$25 depen	nen noting about ng. Please report clean recycle clean recycle clean stands the mify St. John of use of St. John clean which were the right to the equipments of the sponsible for lean sponsible sp	ove start and end to frain from using Stable products in bit stewardship of our me rental policies and stable products in bit stewardship of our me rental policies and stable policies. Will be returned who or equire a janitorial ent or the facility, a keeping the building	d procedures and agrees to abide by s, agents, and employees from every en the key is returned. Rental space of clean up after an event and the \$50 minimum fee of \$100 for repair will g secure and supervising the group's		
The scheduling of this ever any applicable fees have be			s form is signe	ed by an authorized	representative of St. John's UCC and		
Sponsoring Group Author	zed Signatur	e:					
	Printed Nam	e:					
St. John's UCC Author	zed Signatur	e:					

Deposit

Received

Check #

Key Deposit

Received

Check#

Janitorial Fee

Received (Cash)

Any Special instructions or notes:	ŧ	6			
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Sponsoring Group Authorized Signature		ŧ			J
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