

ST. DENNIS CATHOLIC CHURCH
GALENA, MARYLAND
phone: 410-648-5145 email: stdennischurch@aol.com

HALL RENTAL AGREEMENT

EVENT: _____

CONTACT PERSON: _____ PHONE: _____ CELL: _____

DATE OF EVENT: _____ TIME: _____ TO: _____

SETTING UP TIME: _____ DATE: _____

IF CATERED BY OUTSIDE CATERER PLEASE PROVIDE NAME, ADDRESS AND
PHONE NUMBER. THE CATERER MUST PROVIDE A COPY OF THEIR LIABILITY AND INSURANCE

NAME: _____

ADDRESS: _____

PHONE: _____ CELL PHONE: _____

EMAIL: _____

CHARGES

MAIN HALL, KITCHEN & SERVING AREA \$ _____

Cleaning deposit - refundable only if
Hall is left clean. \$ _____

Deposit \$ _____

THE BALANCE OF THE PAYMENT IS DUE ONE WEEK
BEFORE EVENT BY CASH OR CERTIFIED CHECK

TOTAL DUE \$ _____

I have received and read a copy of the attached "Rules and Regulations" and agree on behalf of myself
and/or my organization to abide by them.

Person responsible for paying Date

Hall Manager Date