Spring Glen Church

1825 Whitney Avenue, Hamden, CT 06517

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APPLICATION FOR USE OF FACILITIES

Application Date	Dates and Time	s Requested:	
Name of organization			
Purpose of Organization 501c (3): YES (please prov	•1 (000)	No	
501c (3): YES (please prov	ide copy of 990)	NO	
Is there any affiliation with Sprin	_	se describe:	
Representative	Phone:	_Email	
Space Requested**Prospective renters should under space, the church reserves the right may include an alternative available.	rstand while efforts w ht to use the room in t	ill be made not to disrupt any gi he rare event that an unexpecto	ed need arises. Remedie
Description of event			
Number of people Expected	Equipme	nt Requests?	
Sexton Services? (required for Sa	aturday night events)		
Liability Insurance Carrier (plea	se attach copy)		
It shall be understood that the organ up, and any damage to the building damage must be reported immediat	g, facilities or equipmen	nt that may have been incurred th	
I have received and read a copy of if relevant) and agree to adhere to t		•	d Kitchen Use Guidelines
Signature			_
Additional Contact Person of Organ			
**************************************	****		
Application, date received		Denied	
Security Deposit amount	(if none, church	member responsible	
Rental Fee, per schedule			Trustees)
Rental Fee after discount (if application Heat surcharge (if applicable)		Authorized by	
Sexton fee (if applicable)			Senior Trustee
Total usage, heat, and sexton)			
Contract sent out, date	Sign	ed contract received back, date _	