

# ST. PETER'S EPISCOPAL CHURCH FACILITY RENTAL AGREEMENT FORM

Please fill out both sides completely and return to:

Parish Administrator, St. Peter's Episcopal Church, 37018 Glendale St., Purcellville, VA 20132  
Phone: 540-338-7307 FAX: 540-338-4725 E-mail: [office@stpetes.net](mailto:office@stpetes.net) website: [www.stpetes.net](http://www.stpetes.net)

Please complete a separate form for each event (i.e., wedding, reception, rehearsal dinner, etc.)

CONTACT NAME: \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_

St. Peter's Event     Member of St. Peter's     Profit     Non-Profit  
ADDRESS: \_\_\_\_\_

PHONE: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

(Cell) \_\_\_\_\_ (E-Mail) \_\_\_\_\_

EVENT: \_\_\_\_\_

EVENT DATE & DAY of WEEK: \_\_\_\_\_

TIME of EVENT: \_\_\_\_\_ to \_\_\_\_\_ Additional Set Up Time: \_\_\_\_\_ & Clean Up Time: \_\_\_\_\_

SPACE(S) REQUESTED: \_\_\_\_\_

FREQUENCY:     One Time Event     Daily     Weekly     Monthly

Bi-Weekly Schedule: \_\_\_\_\_ Other: \_\_\_\_\_ END DATE: \_\_\_\_\_

ADDITIONAL DETAILS: \_\_\_\_\_

*Per Summary of Fees Schedule:*

RENTAL FEE(S): \$ \_\_\_\_\_.

CUSTODIAL FEE(S): \$ \_\_\_\_\_.

WEDDING COORDINATOR FEE: (Weddings Only) \$ \_\_\_\_\_.

MUSIC FEE: \$ \_\_\_\_\_.

**TOTAL DUE:** Payable to *St. Peter's Episcopal Church* \$ \_\_\_\_\_.

50% DEPOSIT DUE WITH APPLICATION \$ \_\_\_\_\_.

BALANCE DUE: Payable to *St. Peter's Episcopal Church* \$ \_\_\_\_\_.

I understand and agree to the *Guidelines for the use of Facilities* and that all fees are due two weeks prior to the event. If the event is canceled, I will notify the church as soon as possible. I understand that notification two or more weeks in advance receives a 90% refund of deposit and less notification receives a 50% refund of deposit. If alcohol will be a part of your event please return the signed *Alcohol Policy* form.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## FOR CHURCH OFFICE USE

DATE CONFIRMED (Contract & Deposit Received): \_\_\_\_\_

DATE BALANCE DUE: \_\_\_\_\_

DATE BALANCE PAYMENT RECEIVED: \_\_\_\_\_

(Continued on other side)

**SPECIAL REQUESTS:** \_\_\_\_\_  
\_\_\_\_\_

**NURSERY RENTAL**

If your group is scheduling the nursery, please provide your Nursery Attendant information. Arrangements must be made with the church office for your group contact person to pick up nursery keys. Thank you.

**NURSERY ATTENDANT:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

**I have received a copy of St. Peter's Nursery Guidelines and agree to abide by them.**

\_\_\_\_\_  
**Signature** **Date**

**WEDDING RENTAL**

**Full Name of Bride:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone(s): \_\_\_\_\_

Email: \_\_\_\_\_

Church attending: \_\_\_\_\_

Baptized       Confirmed      Date of Birth: \_\_\_\_\_

Single       Widowed       Divorced

**Full Name of Groom:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone(s): \_\_\_\_\_

Email: \_\_\_\_\_

Church attending: \_\_\_\_\_

Baptized       Confirmed      Date of Birth: \_\_\_\_\_

Single       Widowed       Divorced

**Date of Wedding:** \_\_\_\_\_      **Time of Wedding Ceremony:** \_\_\_\_\_

**Date of Wedding Rehearsal:** \_\_\_\_\_      **Time of Wedding Rehearsal:** \_\_\_\_\_

**Approximate number of people attending:** \_\_\_\_\_

Will you want communion?       Yes       No

**Name of Officiant:** \_\_\_\_\_

**Officiant's Church and Phone number:** \_\_\_\_\_

**Comments:** \_\_\_\_\_  
\_\_\_\_\_

**We received a copy of St. Peter's Guidelines for Weddings and agree to abide by them.**

\_\_\_\_\_  
**Signature** **Date**