



## ST. SAVA SERBIAN ORTHODOX CHURCH OF BOSTON

41 Alewife Brook Parkway • Cambridge, MA 02140 • 617-674-4035 • www.stsavaboston.org

### APPLICATION FOR HALL RENTAL

**IMPORTANT:** Please complete all information and return promptly. The rental date will not be guaranteed without a completed agreement and appropriate deposits. Applications are subject to the approval of the church board and will be reviewed within two weeks of the application date<sup>1</sup>.

Function Date \_\_\_\_\_ Requested Hours (Тражено време) \_\_\_\_\_ to \_\_\_\_\_

Day of Week (Circle One) Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Intended Use \_\_\_\_\_ Approximate Attendance \_\_\_\_\_  
(Сврха изнајмљивања) (Број гостију)

Name of Organization or Individual \_\_\_\_\_  
(Име организације или појединца)

Address \_\_\_\_\_ Email \_\_\_\_\_  
(Адреса)

Home Telephone ( ) - Business Telephone ( ) - Fax ( ) -  
(Кућни телефон) (Пословни телефон) (Број факса)

Name of Person Responsible for the Event ( same as above) \_\_\_\_\_  
(Име особе или организације одговорне за догађај ако то није особа која подноси захтев)

Address \_\_\_\_\_ Email \_\_\_\_\_  
(Адреса)

Home Telephone ( ) - Business Telephone ( ) - Fax ( ) -  
(Кућни телефон) (Пословни телефон) (Број факса)

**Do you desire use of kitchen**  Yes  No (please read the rental policy guidelines with regards to the kitchen)  
(Да ли желите да користите кухињу)

Name of Caterer (if applicable) \_\_\_\_\_  
(Име снабдевача хране)

Address \_\_\_\_\_ Telephone ( ) -  
(Адреса) (Телефон)

<sup>1</sup> The application date refers to the date the application is received by mailed or otherwise provided by the applicant.



*I have completed this application/agreement and have read, understood, and agree to the rental policy which is incorporated herein by reference.*

\_\_\_\_\_  
Applicant Signature (Потпис)

\_\_\_\_\_  
Date (Датум)

**Church Board Use Only**

Application Received (Date) \_\_\_\_\_

	AMOUNT	AMOUNT RECEIVED	CHECK #	DATE PAID
Amount Received for Rental				
Amount Received for Security Deposit				
Additional Costs				
Amount and Date of Security Deposit Return				

Insurance Information Received \_\_\_\_\_  
*Date*

Approved by the Church Board \_\_\_\_\_  
*Date*

Refreshment Bar \_\_\_\_\_

Police Detail \_\_\_\_\_

Liquor License \_\_\_\_\_

Copy given to Custodian \_\_\_\_\_

Additional Notes \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_