St. Bonaventure Parish

803 State Rd., Plymouth, MA 02360 - Mailing Address: P. O. Box 996, Manomet, MA 02345-0996 Telephone - 508-224-3636 - Fax - 508-224-5889 - Email - stbonoffice1@verizon.net

Borrowing Parish Center Tables & Chairs - Effect. 07/20/17

The parish offers the use of up to ten (10) 6' x 8' rectangular tables and up to 50 chairs from the Parish Center Hall as a courtesy to the community and not as a source of income or profit. The offerings noted below help defray the costs incurred in maintaining furniture & equipment. All groups or persons using the parish tables and chairs are responsible for pickup, set-up and return to their original location in the parish center hall.

Offerings

\$6.00 per table, per day / \$1.00 per chair, per day

Reservation Form

Today's Date:	day's Date: Reservation Approved By:			
Organization Name, if a	pplicable:			
Name(s) Responsible Pa	arties:			
Address:				
Telephone:	Cell:		Email:	
Number of Tables:	_ Pick-up Date & Time:		Return Date & Time:	
Number of Chairs:	_ Pick-up Date & Time:		Return Date & Time:	
and causes of action, Bonaventure Parish to with its use, including such claims or causes penalties, charges, ex age, and has read and Reservation and Inder is authorized to sign t	including those for injury to an defend itself, that may arise in the use of tables and chairs as of action are due to negligence penses, and reasonable attorned understand the terms and con nnification Statement are mad this Reservation and Indemnific	y person, property, or theft of n or about the Church, Parish requested for private use on e or any other fault. Such claim eys' fees. The under signed cenditions of the foregoing form e on behalf of an organization ation Statement on behalf of the	gents and employees, from any a for property, or legal expense incur Center, Parish Facilities or Ground this Reservation Form, regardles ms or causes of action also incluratifies that he/she is at least eight and this Indemnification Statemor a group, the undersigned certain the organization or group, and to tes, Grounds, Furniture or Equipropers	rred by St. nds in connection ss of whether de damages, hteen (18) years of ent. If this rtifies that he/she o assume financial
Signed:	Pri	nted Name:	Date:	
I would	like to borrow tables	for days (\$6.00 per t	table, per day) = \$	
I would	like to borrow chairs	for days (\$1.00 per o	chair, per day) = \$	_
Total offering due a	t time of pick-up: \$	Paid by:		
Method of Payment	: Cash Check No.	Check Da	ate:	
Payment Received b	y:	Date of F	Receipt:	