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. 06/21/22

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 pick-up, set-up and return to their original location in the parish center hall.

Offerings

Freewill offering

Reservation Form

Today's Date:		Reservation Approved By	;	
Organization Name, if app	licable:			
Name(s) Responsible Parti	es:			
Address:				
Telephone:	Cell:		Email:	
Number of Tables:	Pick-up Date & Time:	Re	eturn Date & Time:	
Number of Chairs:	Pick-up Date & Time:	Re	eturn Date & Time:	
Archbishop of Boston, A of and causes of action, including the with its use, including the such claims or causes of penalties, charges, expenage, and has read and un Reservation and Indemni is authorized to sign this	ssigns, agree to release, dischar Corporation Sole, St. Bonaventur uding those for injury to any perfend itself, that may arise in or secuse of tables and chairs as requaction are due to negligence or ses, and reasonable attorneys' for derstand the terms and condition fication Statement are made on Reservation and Indemnifications to St. Bonaventure Church, Page 2019.	re Church, its officials, agent rson, property, or theft of property, or theft of property arish Centres of the Church, Parish Centres of the for private use on this any other fault. Such claims of the under signed certifications of the foregoing form and behalf of an organization or a statement on behalf of the	s and employees, from any and operty, or legal expense incurrenter, Parish Facilities or Ground Reservation Form, regardless or causes of action also include es that he/she is at least eighter this Indemnification Statement a group, the undersigned certiforganization or group, and to a	d all claims ed by St. Is in connection of whether damages, een (18) years of it. If this fies that he/she assume financial
Signed:	Printed	Name:	Date:	
	I would like to bor	row tables for	_ days	
	I would like to bor	row chairs for	_ days	
Freewill offering due at time of pick-up: \$		Paid by:		
Method of Payment: [Cash Check No	Check Date:		
Payment Received by:		Date of Rec	eipt:	