

ST. LUKE'S CHURCH
ROUTE 9
CLERMONT, NEW YORK

APPLICATION FOR USE OF ST. LUKE'S CHURCH

DATE OF REQUEST _____

NAME _____

ADDRESS _____

PHONE NUMBER _____

DATE OF USE OF CHURCH _____

TIME _____

PURPOSE OF USE/EVENT _____

APPROX. NUMBER ATTENDING _____

I AGREE TO THE TERMS, AS SET FORTH, FOR THE USE OF
ST. LUKE'S CHURCH.

SIGNED _____

FOR OFFICE USE:

RECEIVED _____ PAYMENT _____

APPROVED/DENIED _____

SIGNATURE _____