St. Bernard Church
275 Tower Hill Rd.
North Kingstown, RI 02852
(401) 295-0387 sbc.bus@verizon.net

Meeting/Conference Room Rental Agreement

Title of event: _____ Date of event: _____

Organization name: _____ Contact name: _____

Address: _____ City/zip: _____

Contact Phone: (____) _____-_____ cell: (____) _____-_____

E-Mail: _____ Room needed: Large _____ Small_____

#of persons expected: _____ Set-up time needed: _____

Comments and set-up requests: _____

_____

Lessee has read, understands and agrees to the terms of this agreement.

_____ _____ _____
Lessee Signature printed name date

_____ _____
Authorized representative of St. Bernard Parish date

Deposit received: ___Yes ___No Amount $_____ Ck #_____