

**PARISH HALL CONTRACT**  
**Church of St. Elizabeth Ann Seton**  
207 County Road 23  
Isanti, MN 55040  
763-444-4035

Name of party using facility: \_\_\_\_\_

Contact person: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone – home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Description of event: \_\_\_\_\_ Date: \_\_\_\_\_

Number of guests: \_\_\_\_\_ Time event begins: \_\_\_\_\_ Ends \_\_\_\_\_

**BASIS DONATION RATES: COSTS**

**COSTS**

Parish Hall/Coffee only \_\_\_\_\_

Parish Hall/kitchen \_\_\_\_\_

Classroom Area \_\_\_\_\_

Sound Systems/TV/DVD \_\_\_\_\_

Attendant fee/Other fee \_\_\_\_\_

Kitchen add on items \_\_\_\_\_

**TOTAL CHARGES:** \_\_\_\_\_

**LESS DOWN PAYMENT:** \_\_\_\_\_

**DAMAGE DEPOSIT (\$300) PAID**      yes \_\_\_\_\_      date \_\_\_\_\_      no \_\_\_\_\_

**BALANCE DUE** \_\_\_\_\_

Name/address/phone of catering service: \_\_\_\_\_

Name/address/phone of entertainment provider: \_\_\_\_\_

I/We have read and understand the policy and procedures relating to the use of facilities owned by the Church of St Elizabeth Ann Seton.

Name: \_\_\_\_\_

Date: \_\_\_\_\_