

Holy Cross Parochial Hall

Application Form for use of Church Hall



Name of Applicant: _____

Address of Applicant: _____

Home Telephone Number: _____

Are you over 21? Yes No If no, please state your age: _____

Are You a Parishioner? Yes No

Date Required: _____

Time: _____

Nature and purpose of event (If wedding, please state church): _____

Details of the numbers expected to attend:

Adults: _____ Children: _____

Please use this space to provide any other information that you think may help us when considering your application:

Please note that the person making this application is responsible for ensuring that all of the Hall Booking Conditions are adhered to. This can be downloaded from the parish website at www.holycrosscroy.com/hall

All damages must be paid for.

Signature of Applicant: _____ Date: _____