THE PLYMOUTH CHURCH 87 Edgell Road Framingham, MA 01701 (508) 875-1364

For Office Use:	
Date Rec'd:	
Usage:	
Room:	
Pay. Schedule:	
Key Deposit	

REGISTRATION FOR USE OF FACILITIES

Organization:	
Contact Person:	
Address:	Phone:
What is your purpose for using the facilit	ties?
Multiple or Ongoing Meetings: Please	use space provided below to list multiple dates or regularly scheduled s no regularity to your schedule, list all dates (attach sheet if needed). dule (holidays, vacations etc.) also.
Day(s) Requested:	
Meeting Times: Starts:	Ends:
Start Date:	End Date:
Assigned Room(s):	
Suggested Donation:	Key needed?
	(Call Church Office to arrange)
Key Holder:	Phone:
Plymouth Church facilities and will see any member of our group will not use the that we will not use the building at an church office. We will not reproduce the key holder listed on this form. The Organization agrees to indemnify and its parishioners from any and all reasonable attorneys fees, to persons of	amed Organization, I have read the regulations governing use of the to it that our group adheres to them. It is understood that our group or ne building for any other purpose than listed above. It is also understood by other times than those noted above without advance notice to the ne key to this facility and the key will not be given to anyone other than and hold harmless The Plymouth Church, its officers, directors, trustees all claims of whatever nature for losses, injury or damage, including or property in or about the church facilities caused by the Organization's of their respective members, guests, employees, agents and servants.
Signature of Applicant:	
Signature of Key Holder:	