St. Thomas Indian Orthodox Cathedral, Houston, Texas

2411 Fifth Street, Stafford, Texas 77477

Ph: (281) 969-7461 / (346) 481-3795 / (832) 788-3965, Email: treasurerstoc@gmail.com

Church/Auditorium Reservation Form

Name of Applicant (If Member include Member ID):	
Date of Application:	
Address of the Applicant:	
Mobile Phone No.:	
Email Id:	
Purpose of Using the Facility:	
Facility Needed (Check which all needed):	☐ Church ☐ Chapel ☐ Auditorium
Date and Time of Function/Event:	Date: Time (From-To):
Signature of the Applicant:	

PAYMENTS & INSTRUCTIONS:

1. A DEPOSIT PAYMENT OF $ _____ DUE BY _____ (WITHIN THREE BUSINESS DAYS FROM BOOKING). MODE OF PAYMENT: ◯ **CHECK** ◯ **CASH** ◯ **ZELLE.**
2. A BALANCE PAYMENT OF $ _____ DUE BY _____ (ATLEAST 14 BUSINESS DAYS PRIOR TO THE RENTAL DATE). MODE OF PAYMEMT: ◯ **CHECK** ◯ **CASH** ◯ **ZELLE**.
3. *ALL CHECK(S) SHALL BE WRITTEN TO ST. THOMAS ORTHODOX CATHEDRAL, HOUSTON OR TRANSFER VIA ZELLE TO treasurerstoc@gmail.com.*
4. *FACILITY USAGE FEE IS WAIVED FOR ALL THE SPIRITUAL ORGANIZATIONS OF THE PARISH; HOWEVER, THEY ARE RESPONSIBLE FOR CLEANING THE FACILITY AFTER THE USAGE.*

LIABILITY RELEASE FORM:

I UNDERSTAND THAT WHEN RENTING THE ST. THOMAS ORTHODOX CATHEDRAL CHURCH FACILITY THAT ST. THOMAS ORTHODOX CATHEDRAL CHURCH IS NOT LIABLE FOR ANY INJURIES, DAMAGES, LOSS OF ITEMS THAT OCCUR DURING THE RENTAL PERIOD. WE FURTHER RELEASE AND HOLD HARMLESS THE ST. THOMAS INDIAN ORTHODOX CATHEDRAL CHURCH, BOARD OF DIRECTORS, MANAGEMENT COMMITTEE AND ANY AND ALL OF ITS REPRESENTATIVES FROM ANY LIABILITY ARISING FROM RENTING THE FACILITY.

_____ _____

Applicant Name and Signature Date (Month, Day, Year)

For Office Use Only

Treasures' Signature (Certify the Member is in Good Standing as per Records):	**Date:**
Secretary's Signature:	**Date:**
Facility Manager(s) Signature:	**Date:**
Vicar's Signature:	**Date:**