

Application for Trinity Facility Use (Revised 2017)

To be renewed on a yearly basis.



Date(s) of use: ___/___/___ to ___/___/___

Time of Use: _____ to _____

Name of Organization/Individual: _____

Contact Person: _____

Contact Person's Address: _____

Phone Number: _____ Email: _____

Room Requested: _____

Purpose (Banquet, Meeting, etc.): _____

Expected Number of People: _____

Date and Time of Room Set Up: _____

Does the group charge a fee for the activity? Yes _____ No _____

Is the leader/organizer paid for the activity? Yes _____ No _____

Responsible Person's Signature: _____ Date: ___/___/___

FOR OFFICE USE ONLY

Amount Of Refundable Fee: \$100 Amount of Facility Use Fee Received \$ _____

Date Total Fees Received: ___/___/___ Date Rules/Orientation Provided: ___/___/___

Initials of Contact Person: _____ Initials of Administrator: _____

Comments Regarding Use:

Date of Council Approval: ___/___/___ Administrator Signature: _____

Submit to: Steve Jamison, 42 St. Paul Street, Boonsboro, MD 21713