



The Neighborhood Center at All Saints

Date \_\_\_\_\_

### Application For Use of Space The Neighborhood Center at All Saints

Name of Applicant or Organization \_\_\_\_\_

What is your use or event (*describe briefly or attach information*)?

Contact Person— *Must sign application and is responsible for use of facilities*

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Telephone \_\_\_\_\_ Secondary/Cell \_\_\_\_\_

Email \_\_\_\_\_

*Provide additional names and contacts on next page.*

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**Type of Use (select one. See Guidelines and Fees for Using Building Space)**

- \_\_\_\_\_ Parish member special event/party
- \_\_\_\_\_ Fee-based continuing class/meeting
- \_\_\_\_\_ Parish member fee-based program
- \_\_\_\_\_ Non-parish member one-time event
- \_\_\_\_\_ Other (specify) \_\_\_\_\_

Is alcohol to be served?  
 YES \_\_\_\_\_  
 NO \_\_\_\_\_

### Insurance Coverage

We will require a copy of your insurance coverage with your application. If you do not have insurance, contact the coordinator of The Neighborhood Center to make other arrangements.

YES we have insurance \_\_\_\_\_

NO we do not have insurance \_\_\_\_\_

Additional Names/Contacts (from Page 1, if applicable)

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Application is tentative until

- You have received an approved signed copy of this form
- You have submitted key deposit and use fees.
- You have submitted proof of insurance.

I have read **Guidelines and Fees for Use of Space** and agree to its stipulations on behalf of the organization I represent. If alcohol is to be served, initial here: *I agree to follow all guidelines on alcohol use* \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Approved by:  
*The Neighborhood Center Coordinator* \_\_\_\_\_

**For The Neighborhood Center Use Only**

<i>Date Use Fee Rec'd</i>	<i>Group 1</i>
<i>Date Key/ Security Deposit Rec'd</i>	<i>Group 2</i>
<i>Optional Fees Rec'd</i>	<i>Group 3</i>
	<i>Group 4</i>
	<i>Group 5</i>
Insurance:	

## Space and Date Information

Organization \_\_\_\_\_

Contact Person \_\_\_\_\_

Home Address \_\_\_\_\_  
*Street* *City* *Zip*  
 Code \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**Meeting Information**

Type of Activity: \_\_\_\_\_ Estimated Attendance: \_\_\_\_\_

<i>Days-- Dates</i>	<i>Time needed (Please include set-up and clean-up times)</i>	Event starts at	<b>Room (circle your preferences)</b>
1. _____	<i>To</i> _____	_____	<i>Fireside Room</i>
2. _____	<i>To</i> _____	_____	<i>Corner Office</i>
3. _____	<i>To</i> _____	_____	<i>Parish Hall</i>
4. _____	<i>To</i> _____	_____	<i>Kitchen</i>
5. _____	<i>To</i> _____	_____	<i>Nave Circle (back of church)</i>
6. _____	<i>To</i> _____	_____	<i>Worship Space</i>
7. _____	<i>To</i> _____	_____	<i>Stage (elevated)</i>
8. _____	<i>To</i> _____	_____	_____
9. _____	<i>To</i> _____	_____	_____
10. _____	<i>To</i> _____	_____	_____
11. _____	<i>To</i> _____	_____	_____
12. _____	<i>To</i> _____	_____	_____
13. _____	<i>To</i> _____	_____	_____

Complete all three pages and return to: The Neighborhood Center at All Saints, 911 Dowling Blvd., San Leandro, CA 94577. Email: [the.neighborhood.center.at.all.saints@gmail.com](mailto:the.neighborhood.center.at.all.saints@gmail.com). We will provide you with a copy of the application after it has been approved.