

## Guidelines for Room Reservations

1. Please notify the Administrative Assistant during business hours (M-F, 9am-4 pm) at 281-485-3843 fourteen (14) days prior to date room is needed.
2. A \$25.00 Key Deposit (separate check) is required to use a room. The deposit is refundable upon return of the key.
3. You may be asked to change rooms to accommodate special situations within the Church. This would be done by the Administrative Assistant, who will notify you.
4. Rooms will be assigned on a first come basis.
5. Room fees are set by the governing board of the church.
6. Rooms are to be cleaned, lights turned off and ALL doors locked when you leave.
7. Priority of room assignments will go to non-profit organizations.
8. Please notify the Administrative Assistant if any days you have reserved that will not be used so we can provide for others.
9. Guidelines for Room Reservations MUST be signed annually.
10. Only rooms assigned will be used.
11. Reservations will be made quarterly and as follows:  
Aug. – Oct.; Nov. – Jan.; Feb. – April; May – July  
You MUST notify the Administrative Assistant at the end of each quarter to continue using the same room. Calls will not be made.
12. Any questions regarding Guidelines or Room Reservations, contact the Administrative Assistant. 281-485-3843 (Monday – Friday. 9-4pm)

By signing, I acknowledge and understand to the above Guidelines and agree to abide by them.

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Signature

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Date

# REGISTRATION FOR THE USE OF THE BUILDING

Please print

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Work phone \_\_\_\_\_

Email address: \_\_\_\_\_

Primary Contact: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home phone \_\_\_\_\_

Work phone \_\_\_\_\_

Cell phone \_\_\_\_\_

Email address: \_\_\_\_\_

Second Contact: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home phone \_\_\_\_\_

Work phone \_\_\_\_\_

Cell phone \_\_\_\_\_

Email address: \_\_\_\_\_



To be use for: \_\_\_\_\_

Room(s) Assigned: \_\_\_\_\_

Days/dates to be used: \_\_\_\_\_

Hours to be used: \_\_\_\_\_

Deposit Collected: \_\_\_\_\_ Key(s) Issued to: \_\_\_\_\_

We agree to comply with the Guidelines for Room Reservations of St. Andrew's Episcopal Church or this agreement will be terminated.

**PLEASE FILL OUT FORM AND RETURN TO THE CHURCH OFFICE**