



**Usage Application  
for  
St. Mary's Facilities**

**Date:** \_\_\_\_\_ **Date of Event:** \_\_\_\_\_

**Contact Person/ Organization:** \_\_\_\_\_

**Contact Person's Phone Number:** \_\_\_\_\_

**Address of Applicant:** \_\_\_\_\_  
\_\_\_\_\_

**Type of Event:** \_\_\_\_\_

**Number of attendees (Does not exceed max):** \_\_\_\_\_

**Hours of Event (inclusive of setup and cleanup time):** \_\_\_\_\_

**Rooms Desired:** Parish Hall \_\_\_\_ Kitchen \_\_\_\_ Fireside Room \_\_\_\_

**Name of Caterer: (if catered)** \_\_\_\_\_

**Special requests:** \_\_\_\_\_  
\_\_\_\_\_

**Name of St. Mary's Representative: Pat McCrave Telephone: 631-848-2088**

**Checks payable to: St. Mary's Episcopal Church**

**Cash is also acceptable.**