



ALL SOULS INTERFAITH GATHERING, INC.

## *Rental Request Application*

Event: \_\_\_\_\_

Contact Name: \_\_\_\_\_

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

Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

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

### *Rental Information*

Type of Rental\*: \_\_\_\_\_ (Circle if Applicable) –Certified 501c3 non-profit

Date(s) of Rental: \_\_\_\_\_ Day of Rental: \_\_\_\_\_

Beginning Time: \_\_\_\_\_ Ending Time \_\_\_\_\_ # of Guests: \_\_\_\_\_

*(Circle and number your first and second choice for day(s) of week)*

Monday      Tuesday      Wednesday      Thursday      Friday      Saturday      Sunday

*(Circle one only)*

One-Time Only      Weekly      Monthly      Other: \_\_\_\_\_

Caterer: \_\_\_\_\_  
*(Catering License Required)*

Bartender: \_\_\_\_\_  
*(Liquor License Required)*

### *Space Requested*

*(Circle and number your first and second choice)*

Sanctuary      Gathering Hall/Sunporch      Sunporch      Kitchen

Classroom Upstairs      Earth Space

***\*Please provide a brief description of the rental and any needs you may have on the reverse side***

***Please Mail Application to:*** P.O. Box 309 Shelburne, VT 05482