

**Assumption Parish
Parish Center Rental**

Final Statement

Name of Parishioner: _____
Address: _____
Zip Code: _____
Date of Event: _____
Facility Requested _____Main Hall _____Providence Room _____Both

Facility Rental Fee

	Quantity	Price	Total Price
Facility Rental Fee			
Beer – ½ Barrel			
Soft Drinks & Water			
DAMAGE Charge			

TOTAL: _____
DEPOSIT: _____
BALANCE DUE: _____

Any outstanding balance must be paid in full within 5 days of completion of the event date or it will be deducted from the Damage/Cleanup deposit.

Please make check payable to: Assumption Church