

St. Thomas Indian Orthodox Cathedral, Houston, Texas

2411 Fifth Street, Stafford, Texas 77477

Ph: (281) 969-7461 / (346) 481-3795, Email: treasurerstoc@gmail.com

Church/Chapel/Auditorium Reservation Form

Name of Applicant (If Member include Member ID):			
Date of Application:			
Address of the Applicant:			
Mobile Phone No.:			
Email Id:			
Purpose of Using the Facility:			
Facility Needed (Check which all needed):	Church	Chapel	Auditorium
Date and Time of Function/Event:	Date:	Time (From-To):	
Signature of the Applicant:			

PAYMENTS & INSTRUCTIONS:

1. A DEPOSIT PAYMENT OF \$ _____ DUE BY _____ (WITHIN THREE BUSINESS DAYS FROM BOOKING). MODE OF PAYMENT: CHECK CASH ZELLE.
2. A BALANCE PAYMENT OF \$ _____ DUE BY _____ (ATLEAST 14 BUSINESS DAYS PRIOR TO THE USAGE DATE). MODE OF PAYMENT: CHECK CASH ZELLE.
3. ALL CHECK(S) SHALL BE WRITTEN TO ST. THOMAS ORTHODOX CATHEDRAL, HOUSTON OR TRANSFER VIA ZELLE TO treasurerstoc@gmail.com.
4. FACILITY USAGE FEE IS WAIVED FOR ALL THE SPIRITUAL ORGANIZATIONS OF THE PARISH; HOWEVER, THEY ARE RESPONSIBLE FOR CLEANING THE FACILITY AFTER THE USAGE.

LIABILITY RELEASE FORM:

I acknowledge and agree that while using the facilities of St. Thomas Orthodox Cathedral Church, the Church shall not be held responsible or liable for any injuries, damages, or loss of personal property that may occur during the period of use.

I further agree to release, indemnify, and hold harmless St. Thomas Indian Orthodox Cathedral Church, its Board of Directors, Management Committee, and all officers, members, employees, and representatives from any and all claims, liabilities, or causes of action arising out of or related to the use of the facilities.

Applicant Name and Signature

Date (Month, Day, Year)

For Office Use Only

Treasures' Signature (Certify the Member is in Good Standing as per Records):	Date:
Secretary's Signature:	Date:
Facility Manager(s) Signature:	Date:
Vicar's Signature:	Date: