



**ST. NICHOLAS PARISH**  
**20675 87<sup>TH</sup> AVENUE**  
**LANGLEY, BC V1M 3X4**  
**PHONE: 604-513-0300**  
**EMAIL: parish.snic@rcav.org**

**APPLICATION FOR PARISH CENTRE RENTAL**

\_\_\_\_\_  
 Name of Organization, Club or Individual      Email Address

\_\_\_\_\_  
 Mailing Address      City/ Province      Postal Code

\_\_\_\_\_  
 Main Telephone      Mobile Telephone      Other

Date of event \_\_\_\_\_

Type of event \_\_\_\_\_

Number of People \_\_\_\_\_

Time  
 (To include set up and take down)  
 \_\_\_\_\_

Room (s) No. \_\_\_\_\_

“Serving It Right” Certificate Number:  
 \_\_\_\_\_

Liquor License Number:  
 \_\_\_\_\_

Office Use		
Type	Amount	Date
Charges		
Damage Deposit		
Rental		
Insurance		
Equipment Rental		
Total Charges		
Amount Paid		
<b>Balance Owing</b>		

**Notes:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Parishioner      Yes \_\_\_ No \_\_\_  
 Catering      Yes \_\_\_ No \_\_\_  
 Alcohol Served      Yes \_\_\_ No \_\_\_  
 Bartender      Yes \_\_\_ No \_\_\_  
 Insurance      Yes \_\_\_ No \_\_\_  
 Equipment      Yes \_\_\_ No \_\_\_

I, the undersigned Applicant, have read and understand the TERMS AND CONDITIONS of the RENTAL AGREEMENT and the accompanying pages and agree to abide fully and to be responsible for the enforcement of its provisions.

Applicant’s Signature: \_\_\_\_\_ Approved by: \_\_\_\_\_

Rev. Nixon D’Silva

Date: \_\_\_\_\_

Damage and/or cleanup (if any) \_\_\_\_\_

Deposit Returned \_\_\_ Yes \_\_\_ No

Deposit Returned/ Posted Date: \_\_\_\_\_ Posted by: \_\_\_\_\_