

St. John's Episcopal-Lutheran Church
202 W. Grant Ave.
Williams AZ 86046
Telephone: (928) 635-2781
info@stjohnswilliamsaz.org

St. John's Episcopal-Lutheran Church Facilities Rental Rates

Half Day – 4 hours or less

\$60.00 for Walker Hall Only

\$100.00 for Walker Hall and Kitchen

Full Day – 5 hours or more

\$100.00 Walker Hall only

\$150.00 Walker Hall and Kitchen

Cleaning/Key deposit is \$50.00 – Refunded when key is returned and the kitchen is found cleaned up

“Walker Hall” means use of the Hall only. Provided food offerings may be set up within the Walker Hall rental space. Access to the kitchen is provided for water, but Users are asked not to store/leave food containers/coolers in the kitchen area and refrigerators. Please note that if you are not paying for kitchen rental, it may be available to and used by church members during your presence, who will do their best to minimize noise and odor, while maintaining the right to use the non-rented area.

“Walker Hall and Kitchen” means use of the Hall and Kitchen, including use of appliances and counters, all of which must be left clean and uncluttered as found.

Please note: all users of Walker Hall are expected to provide: tablecloths/coffee pot/coffee/tea/drinks/paper cups/napkins/condiments.

Revised March 17, 2020

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Application for Rental of St. John's Episcopal-Lutheran Church Facilities

Name of Group or person/s: _____

Officer or person in charge and contact info (phone & email):

Purpose for use of facilities: _____

Date(s) requested: _____ Time: from _____ to _____

Expected number of participants/attendees: _____

Facilities requested (check all that apply): Walker Hall Only: _____ Walker Hall with
Kitchen _____ Worship space _____

Furnishings: Rental of Walker Hall includes tables and chair usually set for up to 60 people.
Special equipment requests should be discussed with the Senior Warden at the time this
application is submitted to St. John's. St. John's does not have storage room for renter's
equipment.

Application's signature and Title: _____

Date signed: _____ Telephone number: _____

****For Church Use Only

Date received: _____ By: _____

Request for use of facilities by: _____

Date(s) requested: _____ Insurance policy on file: _____

Application for use on file: _____

If yes to above, this application is:

Approved: _____ Approved by and date: _____

Denied: _____ Reason for denial: _____