

VILLA MARIE CENTER
Catholic Diocese of Savannah
FACILITY USER INFORMATION SHEET

NAME: _____ TITLE _____

ORGANIZATION _____

ADDRESS _____ CITY _____

STATE _____ ZIP _____ PHONE _____ FAX _____

EMAIL _____

PURPOSE FOR RENTAL _____

DATES REQUESTED: _____

TIME _____

NO. OF ATTENDEES _____ AGE RANGE _____

LIFEGUARD: YES/NO: _____

NAME _____ PHONE _____

AREAS TO BE RENTED:

RENTAL FEES:

DINING HALL _____

RENTAL FEE: _____

KITCHEN _____

INSURANCE: _____

CHAPEL _____

DEPOSIT: _____

POOL _____

BALANCE: _____

GROUND S _____

SIGNED _____ DATE _____

NOTES for setup of the area to be used:

COMPLETE INFORMATION AND RETURN WITH DEPOSIT TO:
VILLA MARIE CENTER MANAGER, 601 E. Liberty St. Savannah, GA 31401

January 2010