

*Memorial A.M.E. Zion Church*  
**Building Use Application**

549 Clarissa Street  
Rochester, NY 14608  
(585) 546-5997

Today's Date: \_\_\_\_\_

Name or Organization: \_\_\_\_\_

(List name of bride and groom for weddings.)

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Date of Function: \_\_\_\_\_

Type of Function: \_\_\_\_\_

Time of Function: \_\_\_\_\_

Number of Guests: \_\_\_\_\_

Date of Rehearsal: \_\_\_\_\_

Time of Rehearsal: \_\_\_\_\_

Musician Needed: Yes \_\_\_\_\_ No \_\_\_\_\_

Minister Needed: Yes \_\_\_\_\_ No \_\_\_\_\_

I hereby agree to pay Memorial A.M.E. Zion Church \$\_\_\_\_\_ for the use of the facility and all other agreed upon charges. I hereby agree to be responsible for any damages to Memorial A.M.E. Zion Church that is caused as a result of my event/activity.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date