

Armenian Church of Our Saviour

87 Salisbury Street ~ Worcester, MA 01609

Tel. 508 756-2931 Email: armenian.church@acoos.org

CULTURAL CENTER RENTAL APPLICATION

FOR USE OF CULTURAL CENTER FACILITY & EQUIPMENT

at 34 Boynton Street, Worcester, MA 01609

Date of inquiry: _____

Name of Individual or Organization _____

Address _____

City, State, Zip _____

Home Phone _____ Cell Phone _____

Email _____

Date Requested _____ Rental Hours: From _____ To _____ (Vacate time)

Type of Event (please describe in detail) _____

Set-up Time Requested (please specify exact dates and times): _____

Break-down Time Requested (please specify exact dates and times): _____

Number of Guests _____ (MAXIMUM 275)

Facilities Required (check all that apply): Hall _____ Kitchen _____ Private Room _____ Other _____

Will food be served? Yes _____ No _____

Caterer Name: _____

Address _____

City, State, Zip _____

Work Phone _____ Cell Phone _____

Email _____

Will Alcohol be served? Yes _____ No _____

If alcohol is to be SOLD, a valid permit must be obtained from the City of Worcester and a copy provided to us with final payment. Permit must also be displayed at the event.

Permit Received By: _____ Date: _____

(continued on reverse side)

REVISED 12/08/2025

DJ and/or Band Name: _____

Address _____

City, State, Zip _____

Work Phone _____ Cell Phone _____

Email _____

Decorator Name: _____

Address _____

City, State, Zip _____

Work Phone _____ Cell Phone _____

Email _____

Special Requests (please describe): _____

The undersigned requests the use of the above facilities at the date and time shown above and agrees to abide by the RULES AND REGULATIONS, a signed copy of which was received with this application. This is an application only, and does not represent a binding obligation to rent the facility. This application may be revoked at any time for any reason at the discretion of the Parish Council.

Authorized Signature of Renter: _____

THE ARMENIAN CHURCH OF OUR SAVIOUR RESERVES THE RIGHT TO APPROVE OR DENY ANY APPLICATION

For Office Use Only

Renter Identification Attached (Copy of Driver's License or valid Government issued ID) Please Check: _____

Application Approved? YES/NO: _____

By: _____ Date: _____

If NO, Reason: _____

Rental Rate: \$ _____ Security Deposit: \$ _____ Additional Fees: \$ _____

Deposit Paid: \$ _____ Date: _____ Rec'd By: _____

Balance Due: \$ _____

To be Paid on or Before (Date): _____

PAID IN FULL \$ _____ Date: _____ Rec'd By: _____