



Church of the LITTLE FLOWER

2711 Indian Mound Trail, Coral Gables, FL, 33134 Ph. (305) 446-9950 ext. 308

COMBER HALL RENTAL APPLICATION

Name _____ Today's Date _____

Company's Name (if applicable) _____

Address _____ City/State/Zip _____

Phone _____ Email _____

Proposed Date(s) of Event _____

What time of the day will your event take place? Daytime Evening

What type of event? Wedding Reception Corporate Event Concert Meeting

How many guests/attendees do you expect? _____

Wedding Reception

Will your wedding take place at Church of the Little Flower? Yes No

Corporate Events

Please give us further details about your event.

Are you a 501(c)3 organization? Yes No

Concerts/Meetings

Will your event be ticketed? Yes No How much will your ticket price be? _____

Are you a 501(c)3 organization? Yes No

Please give us further details about your event.

FOR INTERNAL USE:

Date Availability _____ Rate _____

Approval _____

Please fill out and return via email (LCuza@cotlf.org) or fax (305)-446-7624.