**Parking Contract Form**  
**First Congregational Church**  
**203-323-0200**

The donation per parking space is $60 per month, in full months only. A $180 deposit is required for a 3-month trial period. Cars must be moved from the parking lot on Sunday mornings between 9:30 a.m. and 11:30 a.m. to accommodate those who attend our Sunday worship services.

**Donor’s information: Vehicle Information:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Make: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City, State, Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Color: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Plate No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Credit Card Information (Gate Card Dep & Late Payment Fees)**

CC# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp: \_\_\_\_\_\_\_\_ CVV: \_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_

X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
A $5 deposit for the gate card is required.

**Late Payments**

I, (Print Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, authorize First Congregational Church of Stamford, to charge my credit card listed above in the case that I do not return my parking access pass within (5) business days of my contract termination. Initials: \_\_\_\_\_\_

I agree that if I do not make my monthly payment within (10) business days of the monthly due date, that First Congregational Church will deactivate my access card with a $20 reconnection fee if payment is made within (30) calendar days from the due date. After (30) consecutive calendar days of non-payment, I will have my parking access revoked indefinitely. Initials: \_\_\_\_\_

**Recurring Credit Card Payments**

I ㇣ authorize, ㇣ do not authorize First Congregational Church of Stamford to charge my provided credit card number above monthly on the 1st of each month, in the amount of $ 60 for the purposes of fulfilling my parking contract’s financial obligation to the church. Initials: \_\_\_\_\_

**Written Notice of Termination**

I agree to give 30 days written notice of intent to vacate the parking lot contract, wherein I will continue to meet my financial obligation to the church for parking my vehicle. If I do not do so, First Congregational Church reserves the right to charge my credit card on file for any remaining balance owed to fulfill the legal terms of the contract. Initial: \_\_\_\_\_\_

**Hold Harmless Agreement**

For good and valuable consideration, receipt of which is hereby acknowledged, (Print Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ shall hold The First Congregational Church of Stamford, CT its directors, officers, stockholders and employees, harmless and indemnify The First Congregational Church of Stamford, CT from all claims of liability, loss, cost, physical damage to any vehicle or from claims for injuries or death whether or not it is contended that The First Congregational Church of Stamford, CT contributed thereto in whole or in part, or was responsible by reason of non-delegable duty. If any provisions or clauses of this Hold Harmless Agreement shall be determined by any court of competent jurisdiction, to be invalid, illegal or unenforceable, the remainder of this agreement and its provisions or clauses shall not be affected thereby, but shall continue in full effect.

Donor’s Signature: Date: Hang Tag No.: Gate Card No.:

X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

*Revised 10/17*

Amount paid: \_\_\_\_\_\_\_\_\_\_ Date paid: \_\_\_\_\_\_\_\_\_\_ Rental period: \_\_\_\_\_\_\_\_\_\_

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*Revised 10/17*