

ST. GABRIEL CATHOLIC PARISH
Non-Rental Facility's Contract

This contract is to be used for all events that are open to the public and support the mission of St. Gabriel Parish.

Name *(Please print)*: _____ Parishioner: YES or NO

Telephone: (_____) _____ - _____ Cell Phone: (_____) _____ - _____

Email: _____

Address: _____

Name of Organization *(if applicable)*: _____

Is your organization affiliated with the parish or diocese *(Please circle)*? YES or NO

If no, your organization may be required to provide proof of insurance before our facilities will be made available for use. The parish Business Manager must be contacted in order to determine this.

Will minors be present *(Please circle)*? YES or NO

If yes, all volunteers must complete a background check and *Safe and Sacred* before our facilities will be made available. Please list the names of all volunteers:

_____	_____
_____	_____
_____	_____
_____	_____

Which facility/facilities do you wish to use *(Please circle)*:

- | | | |
|--------------------------|------------------|------------------|
| Parish Meeting Room | Parish Library | Auditorium |
| School Multipurpose Room | Gymnasium | School Classroom |
| Parish Church | School Cafeteria | |

Please describe how you will be using our facilities:

When would you like to use the above-circled facility/facilities?

Date: _____ Time: _____

If this is a recurring event, please provide the occurrences:

Beginning Date: _____ End Date: _____

Time: _____

How often (ex. Each Thursday, First Wednesday of the month):

-
- *Please attach a list of all the dates for which you are requesting reservation
 - **Keep in mind that this contract is only valid for 6 months once it is approved (Please see *Facilities Policy*).
 - ***Parish/school events will always have priority in the use of facilities. If a conflict arises, we will do our best to notify the contracted person in advance.

Do you require a key (Please circle)? YES or NO

Pending approval, the key must be turned back into the office from which you received it.

I have thoroughly read, understand and agree to abide by the policies set forth in the *Non-Rental Facility's Policy* of St. Gabriel Catholic Parish. As the contracted person, I accept full responsibility for any violation.

Signature: _____ Date: _____

If you represent an outside that is not affiliated with our parish or diocese, your request and contract must be approved by the school principal, parish business manager and/or the administrator/pastor. You will be notified within 10 business days of approval.

Office Use

Date of Submission: _____ Date of Approval/Rejection: _____

Request approved (Please circle): YES or NO

Please provide a copy of this completed contract and the *Facilities Policy* to the person whose signature is above. Place the original contract in the *Facilities Binder* in the parish office