

St. Gabriel Catholic Parish
Application for Facility Rental

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.

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

Parish Meeting Room	School Cafeteria	Parish Library
Auditorium		Gymnasium

Please describe how you will be using our facilities/type of event:

When would you like to use the above-circled facility/facilities? Please include the time that will be needed for setup and cleanup.

Date: _____ Times of Reservation: _____

Approximate number of people attending: _____

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

If yes, insurance must be purchased through the Archdiocese of Indianapolis. The parish Business Manager must be contacted in order to assist with this.

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.

Total Rental Fee: \$ _____ Total Security Deposit: \$ _____

I have thoroughly read, understand and agree to abide by the policies set forth in the *Policy for Facility Rental 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: _____ Reservation approved *(Please circle)*: YES or NO

Date on which Payment was received: _____ Check #: _____

Insurance has been purchased *(Please circle)*: YES or NO

Will Security deposit be returned *(Please circle)*? YES or NO

Amount to be returned: \$ _____ Check #: _____

Date on which the check was mailed: _____

If anything less than the full security deposit is returned, please document the explanation on a separate sheet of paper. A copy of the explanation should be kept on-file and a copy should be sent to the person who signed the contract.