



SACRED HEART PARISH HALL

USER AGREEMENT

NAME OF RESPONSIBLE PARISHIONER: _____

ORGANIZATION/EVENT: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

[] PARISH HALL RENTAL FEE: \$200.00 FUNERAL RATE (MASS MUST TAKE PLACE AT SACRED HEART CHURCH)
\$300.00 ALL OTHER SERVICES (NON-REFUNDABLE)
DEPOSIT: \$250.00 (REFUNDABLE BASED ON INSPECTION)
INSURANCE REQUIRED: _____YES _____NO

[] CLASSROOM \$100.00 (NON-REFUNDABLE)
DEPOSIT: SAME AS ABOVE

I understand that a \$_____ rental fee (total) and a \$250 deposit must be paid 5 days prior to using the facility as approved and scheduled by the Parish Office. Deposit will be returned after the Hall has been inspected (allow 3-5 days). Two separate checks are required. Please make checks payable to Sacred Heart Church.

I understand that I must be a registered member of Sacred Heart Church in order to rent the facility.

I understand that I must obtain and provide a \$1,000,000 Special Event Insurance Policy listing Sacred Heart Church as the additional insured for my event. (Funerals, baptisms and church organized functions are exempt). Weddings and Quinceanera's require insurance coverage. Insurance may be obtained through you homeowners insurance policy or through Catholic Mutual Group.

NO ALCOHOL ALLOWED IN BUILDING OR ON PREMISES.

NO SMOKING ALLOWED IN BUILDING.

I have read the above agreement and the Rental Agreement attachment and agree to the terms therein. I further understand that I am responsible for any damages that may occur and that failure to comply with the above will result in loss of deposit and future use of facility. I also agree to not hold Sacred Heart Church responsible for any injuries or accidents that may occur on the premises.

Signature _____

Date _____

Name of Cook or Caterer: _____

Phone No. _____

Fee Paid: \$_____ Date Paid: _____ Deposit Paid: \$_____ Insurance Attached [] Y [] N

Date Hall inspected: _____

Condition of Premises after use: _____ Initials: _____

Date Deposit Refunded: _____