



SACRED HEART PARISH HALL

USER AGREEMENT

NAME OF RESPONSIBLE PARISHIONER: _____

ORGANIZATION/EVENT: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

- [] PARISH HALL RENTAL FEE: \$200.00 (NON-REFUNDABLE)
DEPOSIT: \$200.00 (REFUNDABLE BASED ON INSPECTION) Applies to parishioners who are not active* members of Sacred Heart Parish.
*Active=attends Mass weekly and contributes financially to the parish.
- [] CLASSROOM \$100.00 (NON-REFUNDABLE)
DEPOSIT: SAME AS ABOVE

I understand that a \$200.00 rental fee (total) and a \$200 deposit must be paid 5 days prior to using the facility or as agreed with Pastor or authorized staff. 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 and active 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 affiliated functions are exempt). Insurance may be obtained through your homeowner's insurance policy.

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. _____

To be completed by SHC Staff

Fee Paid: \$ _____ Date Paid: _____

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

Date Hall Inspected: _____ Initials: _____ Date Deposit Refunded: _____