St John the Evangelist Catholic Church
FACILITES BOOKING APPLICATION/AGREEMENT

Individual / Organization Requesting Rental: _____ / _____

Purpose of Rental: _____

Date of Event/Rental: _____ Setup Req'd: ☐ Yes ☐ No Setup Start - End Time: _____ - _____ Event Start - End Time: _____ - _____

Requested Room (Capacity)**:**

- ☐ **Church** (200): (by special permission) ☐ *Approved* ☐ *Denied*
- ☐ **Cross Hall Gym** (160): ☐ *Approved* ☐ Denied
- ☐ **Canon Gale Room** (14): ☐ *Approved* ☐ *Denied*
- ☐ **Kitchen** (12): ☐ *Approved* ☐ *Denied*
- ☐ **Church Lower Hall** (25): ☐ *Approved* ☐ *Denied*
- ☐ **Pope Benedict Room** (12): ☐ *Approved* ☐ *Denied*
- ☐ **St Augustine Room** (14): ☐ *Approved* ☐ *Denied*
- ☐ **St Gregory Room** (16): ☐ *Approved* ☐ *Denied*

Support / Surcharge Rates:

☑ **Base Room Rental:**	☐ *Approved* ☐ *Denied*	**$ 50 per hour base rental (see Items 2 & 4)**
☐ **Kitchen / Event Support Surcharge:**	☐ *Approved* ☐ *Denied*	$ 50 flat rate additional cost **(or $50 per hour)** (see Items 3 & 4)
Reason for requesting kitchen: _____		
☐ **Audio Equipment Surcharge:**	☐ *Approved* ☐ *Denied*	$ 25 flat rate additional cost (see Item 4)
☐ **Projector / Screen Equipment Surcharge:**	☐ *Approved* ☐ *Denied*	$ 25 flat rate additional cost (see Item 4)
☐ **Damage / Set-up / Cleaning Surcharge:**	☐ *Approved* ☐ *Denied*	$ 100 flat rate additional cost (see Items 4 & 5)
☐ **Issued Facilities Access Key:**	☐ *Returned* ☐ *Not Returned*	$ 100 flat rate additional cost if not returned (See Items 4 & 5)
☐ *Other by Hall Manager/PP (see Item 4):*	☐ *Approved* ☐ *Denied*	*Remarks:* _____

Conditions:

1. **Rentals are not permitted to overlap parish use, or other groups who have made bookings.**
2. **Base Room Rental** applies to requested room and the rate is based on the time that access to the facilities is given until the time of vacating.
   a. Includes access and use of bathrooms (main floor handicap and lower level ladies' & men's washrooms).
   b. User is responsible for providing their own requisite liturgical items if using the Sacristy/Church for Mass.
3. **Kitchen / Event Support Surcharge**: does not include any consumables or condiments unless it is a Parish event
   a. Includes use of the gas stove (see instructions on use), coffee and tea urns, Bunn coffee machine, cutlery, plates, bowls, cups and glasses.
   b. If Kitchen is rented as a standalone rental, then Base Room Rental rates will apply ($50 per hour)
4. **Surcharges and / or Preferred Rental rate** is at discretion of Parish Priest, Parochial Administrator, Hall Manager, or authorized personnel.
   a. If use of the space involves financial gain to the renter, then rental rates will apply as noted above.
5. **Surcharges** will be billed to the renter if any of the following conditions are not met:
   a. Hall tables and chairs are to be returned to pre-rental layout.
   b. Kitchen dishes, utensils, pots, pans, coffee and tea urns are to be washed and placed back in their original locations.
   c. Bunn coffee machine is to be cleaned and unplugged.
   d. All garbage receptacles are to be emptied and re-bagged, all garbage is to be bagged before being placed in black bins.
   e. If any breakage or damage occurs, and/or cleaning or set-up is required or access key is not returned, a surcharge will be enforced.
   f. Grounds around the facilities to be restored to their pre-booking condition.
6. **Renter will:**
   a. Abide by St John's current Emergency Response Plan as per attached and sign in and out of their events on the appropriate forms.
   b. Be responsible for their guests, including informing them of these policies and procedures.
7. **Payment:**
   a. Cheques are to be made payable to **St John the Evangelist Catholic Church** or pay by **PayPal** on our website www.calgaryordinariate.com.
   b. Payment is for rental/equipment use only. Renter is responsible for all personal & property liability insurance.

☑ **I have read the above conditions and in consideration of booking SJE's facilities, agree to be the above.**

Print Renter / Contact Name _____ Email Address _____

Signature of Renter / Contact _____ Contact Phone Number _____ Date _____

Signature of SJE Hall Manager _____ *Date* _____ ☐ *Approved* ☐ *Denied* *Rental Income*: $ _____ ☐ *N/C* ☐ *Donation* ☐ *Key(s) Issued* ☐ *Returned* ☐ *Paid* ☐ *Not Paid*

⇨ Completed form to be emailed to hallmanager-sje@calgaryordinariate.com - booking is not complete until approval is given ⇦