



St John the Evangelist Catholic Church

FACILITES BOOKING APPLICATION/AGREEMENT

Renter's Name: _____

Purpose of Rental: _____

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

Requested Room (Capacity):

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Church (200): (by special permission) | <input type="checkbox"/> Approved <input type="checkbox"/> Denied | <input type="checkbox"/> Church Lower Hall (25): | <input type="checkbox"/> Approved <input type="checkbox"/> Denied |
| <input type="checkbox"/> Cross Hall Gym (160): | <input type="checkbox"/> Approved <input type="checkbox"/> Denied | <input type="checkbox"/> Pope Benedict Room (12): | <input type="checkbox"/> Approved <input type="checkbox"/> Denied |
| <input type="checkbox"/> Canon Gale Room (14): | <input type="checkbox"/> Approved <input type="checkbox"/> Denied | <input type="checkbox"/> St Augustine Room (14): | <input type="checkbox"/> Approved <input type="checkbox"/> Denied |
| <input type="checkbox"/> Kitchen (12): | <input type="checkbox"/> Approved <input type="checkbox"/> Denied | <input type="checkbox"/> St Gregory Room (16): | <input type="checkbox"/> Approved <input type="checkbox"/> Denied |

Rates:

- | | | | |
|--|---|---|--|
| <input checked="" type="checkbox"/> Base Room Rental: | <input type="checkbox"/> Approved <input type="checkbox"/> Denied | <input type="checkbox"/> Other - see Item 4 | <input type="checkbox"/> \$ 50 per hour base rental (see Item 2) |
| <input type="checkbox"/> Kitchen / Event Support Surcharge: | <input type="checkbox"/> Approved <input type="checkbox"/> Denied | <input type="checkbox"/> Other - see Item 4 | <input type="checkbox"/> \$ 50 flat rate additional cost (see Item 3) |
| Reason for requesting kitchen: _____ | | | |
| <input type="checkbox"/> Audio Equipment Surcharge: | <input type="checkbox"/> Approved <input type="checkbox"/> Denied | <input type="checkbox"/> Other - see Item 4 | <input type="checkbox"/> \$ 25 flat rate additional cost |
| <input type="checkbox"/> Projector / Screen Equipment Surcharge: | <input type="checkbox"/> Approved <input type="checkbox"/> Denied | <input type="checkbox"/> Other - see Item 4 | <input type="checkbox"/> \$ 25 flat rate additional cost |
| <input type="checkbox"/> Damage / Set-up / Cleaning Surcharge: | <input type="checkbox"/> Approved <input type="checkbox"/> Denied | <input type="checkbox"/> Other - see Item 4 | <input type="checkbox"/> \$ 100 flat rate additional cost (see Item 5) |
| <input type="checkbox"/> Issued Facilities Access Key: | <input type="checkbox"/> Returned <input type="checkbox"/> Not Returned | <input type="checkbox"/> Other - see Item 4 | <input type="checkbox"/> \$ 100 flat rate cost if not returned or lost |
| Remarks - Other: _____ | | | |

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. If use of the space involves financial gain to the renter, then rental rates will apply as noted above.
 - 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. If Kitchen is rented as a standalone rental, then Base Room Rental rates will apply (\$50 per hour)
 - b. Includes use of the gas stove (see instructions on use), coffee and tea urns, Bunn coffee machine, cutlery, plates, bowls, cups and glasses.
4. Surcharges and / or Preferred Rental rate
 - a. Is at discretion of Parish Priest, Parochial Administrator, Hall Manager, or authorized personnel.
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:
 - a. Will 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. Is responsible for their guests, including informing them of these policies and procedures.
 - c. Is responsible for all personal & property liability insurance and has completed the attached "FACILITY USAGE INDEMNITY AGREEMENT form".
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 of space and/or equipment use only.

<input checked="" type="checkbox"/> 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	
Qualifies as a Parish Sponsored Event: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Indemnity Agreement Provided <input type="checkbox"/> Certificate of Insurance Provided			
<input type="checkbox"/> Approved Rental Income: \$ _____ <input type="checkbox"/> N/C <input type="checkbox"/> Donation <input type="checkbox"/> Denied <input type="checkbox"/> Key(s) Issued <input type="checkbox"/> Returned <input type="checkbox"/> Paid <input type="checkbox"/> Not Paid			
Signature of SJE Hall Manager	Date		

FACILITY USAGE/INDEMNITY AGREEMENT

PARISH: _____

PARISH is understood to include the Arch/Diocese of _____

FACILITY USER: _____

DATES OF FACILITY USAGE: _____

TYPE OF FACILITY USAGE: _____

The above named FACILITY USER agrees to defend, protect, indemnify and hold harmless the above named PARISH against and from all claims arising from the negligence or fault of the above named FACILITY USER or any of its agents, family members, officers, volunteers, helpers, partners, organizational members or associates which arise out of the above identified FACILITY USAGE at the above named PARISH.

FACILITY USER agrees to provide a certificate of insurance to the PARISH, which provides evidence of general liability coverage of not less than one million dollars (\$1,000,000) per occurrence. FACILITY USER also agrees to have the PARISH named as an "Additional Insured" on its general liability policy for the DATE(S) OF FACILITY USAGE in relationship to the TYPE OF FACILITY USAGE for claims which arise out of FACILITY USER'S operations or are brought against the PARISH by FACILITY USERS' employees, agents, partners, family members, students, customers, function attendees, guests, invitees, organizational members or associates. FACILITY USER also agrees to ensure that its liability insurance policy will be primary in the event of a covered claim or cause of action against PARISH.

If FACILITY USER fails to comply with the above (second) paragraph, then the above named FACILITY USER agrees to protect, defend, hold harmless and fully indemnify the above named PARISH for any claim or cause of action whatsoever arising out of or related to the usage which takes place during the above identified DATE(S) OF FACILITY USAGE that is brought against the PARISH by the above named FACILITY USER or its employees, agents, partners, family members, students, customers, function attendees, guests, invitees, organizational members or associates, even if such claim arises from the alleged negligence of the PARISH, its employees or agents, or the negligence of any other individual or organization. This paragraph does not relieve FACILITY USER's responsibility to comply with the above (second) paragraph.

If any sentence or paragraph of this agreement is held invalid, it is agreed that the balance thereof, shall continue in full legal force and effect.

SIGNED BY: _____

(Must be an official agent of FACILITY USER)

NAME (Please print): _____

DATE: _____