

St. Andrew Parish Facility  
Rental Application

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1. Name (Facility User): \_\_\_\_\_
2. Contact Person: \_\_\_\_\_
3. Address: \_\_\_\_\_
4. Phone Number \_\_\_\_\_ Cell Phone \_\_\_\_\_
5. If you prefer to communicate via email as well include Email address: \_\_\_\_\_
5. Date of Event: \_\_\_\_\_ Time: From \_\_\_\_\_ To \_\_\_\_\_
6. Type of Event: \_\_\_\_\_ No. of People Expected: \_\_\_\_\_
7. Will Food Be Served? \_\_\_\_\_ If so, what type (i.e. dinner, snacks, dessert) \_\_\_\_\_
8. What caterer will you be using? \_\_\_\_\_ (must be on approved caterer list)  
Contact person: \_\_\_\_\_ Contact information: \_\_\_\_\_
9. Will alcohol be served? \_\_\_\_\_ If so, will it be a cash bar? \_\_\_\_\_  
Liquor License obtained? (if applicable) \_\_\_\_\_
10. Will there be entertainment? \_\_\_\_\_ Type of entertainment \_\_\_\_\_  
*\*\*Entertainment must end at Midnight*

**Please check one of the following:**

- \_\_\_\_\_ 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. (see FACILITY USAGE/INDEMNITY AGREEMENT)
- (or)**
- \_\_\_\_\_ I will purchase SPECIAL EVENTS COVERAGE, in the amount of one million dollars (\$1,000,000) Through the Catholic Mutual Group. (See RENTAL AGREEMENT)

Signature: \_\_\_\_\_  
I attest that all statements made in this rental agreement are true and correct to the best of my knowledge.

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<b>OFFICE USE ONLY:</b>	<b>Liquor License Obtained</b> _____
<b>Rental Amount Paid: \$</b> _____	<b>Insurance Paid:</b> _____ <b>ck #</b> _____
<b>Date Paid:</b> _____ <b>ck #</b> _____	<b>(OR)</b>
<b>Monitor Fee paid:</b> _____ <b>ck #</b> _____	<b>Certificate of Insurance Provided:</b> _____
	<b>Deposit: Date paid</b> _____ <b>Ck #</b> _____

**Notes:** \_\_\_\_\_  
\_\_\_\_\_  
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