

*15 Steeple Hill Crescent Nepean, ON K2R 1G2 613-591-1135*

[*office@stpatricksfallowfield.com*](mailto:office@stpatricksfallowfield.com)

**APPLICATION FOR RENTAL MONSIGNOR PAUL BAXTER MEMORIAL CENTRE**

*The information provided on this application form will be used to prepare your License Agreement. Your rental is not confirmed until a completed application is received and approved, the rental deposit has been paid and the license agreement (to follow) is signed by both the signing authority listed below and St. Patrick’s Parish.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Rental Date(s) and Time(s)** |  | | |
| **Start Time (including set-up)** |  | **End Time (including cleanup)** |  |
| **Representative’s Name** |  | | |
| **Organization**  **(if applicable)** |  | | |
| **Mailing Address** |  | | |
| **Phone Number** |  | | |
| **E-mail Address** |  | | |

# SPACE REQUESTED

* Baxter Hall ⬜ Riopelle Boardroom ⬜ McGivney Conference Room

# EVENT INFO

Type of Event:

|  |  |  |
| --- | --- | --- |
| □ Anniversary | □ Dinner | □ Birthday |
| □ Bridal / Baby Shower | □ Christmas Party | □ Dance |
| □ Meeting | □ Reception | □ Retirement |

Expected Attendance:

Room Layout

* Round tables of 6
* Round tables of 8
* Head Table for #

□ Classroom style ⬜ U shape ⬜ Theatre style ⬜ Dance Floor

Catered? ⬜ No ⬜ Yes -

Name and contact number of caterer

Will alcohol be served? ⬜ No ⬜ Yes - *Requires Special Occasion Permit or Licensed Caterer and appropriate insurance*

DJ / live music? ⬜ No ⬜ Yes Equipment requested:

□ Sound System ⬜Microphones (wired only)

⬜Podium ⬜Projector & screen

|  |  |
| --- | --- |
| **Insurance:** *Please check one* | |
|  | Purchase Insurance from Gallagher online at: [*Parish Event Insurance Form/Formulaire d'assurance d'événement paroissial (e-registernow.com)*](https://secure.e-registernow.com/cgi-bin/mkpayment.cgi?state=3300) |
|  | Own Coverage – Certificate of Insurance to be provided 2 weeks prior to event date listing the ***Roman Catholic Archdiocese of Ottawa-Cornwall*** as additionally insured for $2 million dollars on event date(s).  **Name of Company: Policy** |

|  |  |
| --- | --- |
| **Deposits:** | |
| **Non-Refundable Deposit Amounts:**  $100.00 per rental day | **Refundable Deposit Amounts:**  Security Deposit - $500.00 *payable upon request* |
| Date of this application: | Signature of Applicant: |
| **Deposit Paid: $**  Cheques are to be made payable to ***St. Patrick Parish Fallowfield***. Mastercard, VISA and Cash accepted in person. | |

Estimate:

* Standard Rate - $1,500.00 *(includes 1pm to 1am day of reception and 2 additional hours to decorate)*
* Hourly Rate @ $125.00 x hours *(minimum of 3)* = $
* Meeting Room Rental - $75.00 (flat fee, 3 hours)

**For Office Use**

Date Received:

(Date)

Deposit Paid: $

(Date) (Amount)

□ Cheque # ⬜ Cash ⬜ Credit

Balance Due:

(Date)

Balance Paid: $

(Date) (Amount)

□ Cheque # ⬜ Cash ⬜ Credit

Proof of Insurance Received:

(Date)