

St. Joseph Parish

18784 8th Ave., Conklin, MI 49403

Office: 231-899-2286

FACILITIES RENTAL AGREEMENT
Payment Information

TYPE OF EVENT: _____

NUMBER OF GUESTS: _____

FACILITY ROOM NAME: St. Joseph Hall

IS ALCOHOL BEING SERVED? Yes / No

BARTENDER CERTIFICATE ON FILE Yes / No

IS FOOD BEING SERVED? Yes / No

EVENT DATE: _____

TIME PERIOD: _____ to _____

LICENSEE/RESPONSIBLE PERSON: _____

ACTIVE PARISHIONER OF ST. JOSEPH? Yes / No

ENVELOPE # _____

ADDRESS: _____

TELEPHONE NUMBER: HOME: (____) _____ CELL: (____) _____

HOLD HARMLESS AGREEMENT SIGNED? Yes / No

FACILITY ROOM NAME St. Joseph Hall

RENTAL FEE ACCORDING TO ST. JOSEPH'S PARISH FACILITIES RENTAL POLICY AGREEMENT \$ 100 _____

LIABILITY INSURANCE REQUIRED BY MICHIGAN CATHOLIC CONFERENCE \$ 100 _____

TOTAL RENTAL FEE \$ 200 _____

BALANCE DUE (1 month prior to event) \$ _____

CK# _____ DATE RECEIVED _____

I have read **the St. JOSEPH'S POLICY GUIDELINES**. I agree to all terms stated herein.

LICENSEE SIGNATURE: _____ DATE: _____

PARISH SECRETARY SIGNATURE: _____ DATE: _____