



SAINT MARY'S CHURCH

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www.saintmarysmarne.org

FACILITIES RENTAL AGREEMENT
Payment Information

TYPE OF EVENT: _____

NUMBER OF GUESTS: _____

RENTAL AREA: _____

ROOM CAPACITY: _____

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 MARY? Yes / No

ENVELOPE # _____

ADDRESS: _____

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

HOLD HARMLESS AGREEMENT SIGNED? Yes / No

MCC INSURANCE FORM SIGNED? Yes / No

FACILITY ROOM NAME _____

RENTAL FEE ACCORDING TO ST MARY'S PARISH FACILITIES RENTAL POLICY AGREEMENT \$ _____

LIABILITY INSURANCE REQUIRED BY MICHIGAN CATHOLIC CONFERENCE \$ _____

SECURITY DEPOSIT \$ _____

TOTAL RENTAL FEE \$ _____

LESS SECURITY DEPOSIT Paid at time of reservation \$ _____

Refundable after event if facility is cleaned and in order as outlined in
AFTER EVENT CHECK LIST in the rental policy agreement

CK# _____ DATE RECEIVED _____

100% of deposit will be refunded if we are given at least 30 days cancellation notice;
50% refunded if less than 30 days cancellation notice is given.

BALANCE DUE (2 weeks prior to event) \$ _____

CK# _____ DATE RECEIVED _____

I have read the **St Mary's PARISH FACILITIES & EQUIPMENT RENTAL POLICY AGREEMENT** and reviewed
the **AFTER EVENT CHECKLIST**. I agree to all terms stated herein.

LICENSEE SIGNATURE: _____ DATE: _____

FACILITY REP. SIGNATURE: _____ DATE: _____

For Business Managers Use:

SECURITY DEPOSIT RETURNED ON _____ \$ _____ CK# _____