

Saint Monica Pavilion Reservation Form

Event _____

Organization _____

Title: _____ Approximate Number Involved _____

Date _____ Time of Event: Start Time _____

(one date per form) Completion Time _____

Contact Person:

Name _____ Parish No _____

Address: _____

City/ _____ Ohio Zip _____

Phone Number (_____) _____ Day Time

(_____) _____ Other

Deposit Paid **Y or N** _____ (date) _____ check # _____ cash _____

The person reserving the pavilion must be a registered **active** parishioner of St. Monica Church. A one hundred fifty dollar (\$150.00) deposit is required and if all user responsibilities are met a check in the amount of \$100.00 will be refunded. St. Monica agrees to grant to the person reserving the pavilion to use it for the specified event. At no time can the pavilion be used in any manner that is contradictory to the teachings or mission of the Roman Catholic Church, that promotes the espousal of any particular belief or viewpoint that is contradictory to the teachings of the Roman Catholic Church as determined by the Bishop of Cleveland, or that is otherwise injurious to the reputation of St Monica Parish, the Diocese of Cleveland, or the Bishop of the Diocese of Cleveland. ***In addition, insurance is now necessary when using the pavilion.***

User Responsibilities:

The event must be scheduled with the parish office BEFORE advertising your event.

Pavilion keys must be picked up in the office during normal business hours.

Keys must be returned to the Office by the next business day.

Pavilion drive by garage doors are for drop off only.

Please use parking lot located between pavilion and parish office.

All trash is to be picked up IN AND AROUND the pavilion.

Trash bags are to be removed from pavilion and placed in dumpster.

Tables need to be wiped off and cleaned; Pavilion floor swept.

Wash rooms are to be cleaned, floors swept and left in good order.

User is accountable for securing/locking up all pavilion doors at the end of event and any damages.

No alcoholic beverages or drugs are permitted in or around the pavilion.

Grills are prohibited inside the pavilion

Report any damages to the Office when keys are returned. Pavilion closes at 10:00 P.M.

Parishioner Signature _____ Date _____

Approved by: _____ (Pastor) Date _____

For Office Use Only

Date Received _____ Inspected by _____ Deposit Returned **Y or N** _____

\$ _____ Withheld

Reason:: _____

Damage: _____

INSURANCE REQUIREMENTS FROM THE DIOCESE OF CLEVELAND:

1. The Licensee agrees that Licensee and Licensee's officers, directors, employees, volunteers and agents shall be fully insured with the following coverage forms, limits and policy endorsements:

Commercial General Liability insurance with a combined single limit of not less than \$1,000,000.00 per occurrence

2. Licensee's insurance shall provide coverage for both bodily injury, including death and property damage, and shall cover the use and occupancy of the Pavilion, its operations and completed operations.
3. Licensee's insurance shall be obtained from a carrier rated at least "A" by A.M. Best Company and licensed in the State of Ohio.
4. Licensee's policy shall provide as follows:
 - a. Name as Additional Insured St. Monica Parish, the Roman Catholic Diocese of Cleveland, and the Bishop of the Roman Catholic Diocese of Cleveland.
 - b. Provide that insurance shall be primary payer insurance and not contributory to any other insurance available to the additional insured with respect to the claims arising out of this Agreement and that the insurance applies separately to each insured against who claim is made or suit is brought. Insurance maintained by the additional insureds shall be considered excess insurance only.
 - c. Provide that Licensor shall be given advance written notice of the cancellation, non-renewal or reduction in coverage.
5. Licensee shall provide to Licensor a Certificate of Insurance evidencing all coverages and endorsements set forth above shall be furnished to Licensor.

10/25/16