

St. Peter's Parish Rental Agreement

Lessor: _____
Parish or school

Lessee: _____
Name of Organization

Address: _____
Street

City Province Postal code

Phone: _____ Fax: _____ Email: _____

Name of Individual responsible: _____

Phone: _____ Cell phone: _____

Date(s) of Event: _____

Time of Event from _____ to _____

Type and purpose of Event: _____

Ages of group involved: _____

Number of attendees: _____ *Not to be exceeded without approval by the lessor.

Rental Cost: \$ _____ Deposit: \$ _____

Proof of Liability Insurance (min. \$1 million coverage) Yes No

Liability Insurance is mandatory for all events where liquor is being served. This may be purchased from us, or you may provide us with a copy of your own insurance policy. If purchasing insurance from us, we require your liquor license number to apply for the insurance.

Alcohol Liability Insurance fee (if applicable): \$ _____

For office use only

Deposit:	\$ _____	Date Due: _____	Date Paid: _____
Rent:	\$ _____	Date Due: _____	Date Paid: _____
Alcohol Liability:	\$ _____	Date Due: _____	Date Paid: _____
Deposit Returned:	\$ _____	Date Returned: _____	Cheque # _____