

# 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 # _____