



St. Patrick's Parish
FALLOWFIELD

15 Steeple Hill Crescent
Nepean, ON K2R 1G2
613-591-1135
stpatricks1866@rogers.com

APPLICATION FOR RENTAL MONSIGNOR PAUL BAXTER MEMORIAL CENTRE

The information provided on this application form will be used to prepare your License Agreement. Your rental is not confirmed until a completed application is received and approved, the rental deposit has been paid and the license agreement (to follow) is signed by both the signing authority listed below and St. Patrick's Parish.

Rental Date(s) and Time(s)			
Start Time		End Time	
Representative's Name			
Organization (if applicable)			
Mailing Address			
Phone Number			
E-mail Address			

EVENT INFO

Type of Event:

- | | | |
|---|--|-------------------------------------|
| <input type="checkbox"/> Anniversary | <input type="checkbox"/> Awards Dinner | <input type="checkbox"/> Birthday |
| <input type="checkbox"/> Bridal / Baby Shower | <input type="checkbox"/> Christmas Party | <input type="checkbox"/> Dance |
| <input type="checkbox"/> Meeting | <input type="checkbox"/> Reception | <input type="checkbox"/> Retirement |
| <input type="checkbox"/> Wedding Rehearsal Dinner | | |

Expected Attendance: _____

Room Layout - *See attached floor plan options*

- | | | |
|--|--|---|
| <input type="checkbox"/> Round tables of 6 | <input type="checkbox"/> Round tables of 8 | <input type="checkbox"/> Head Table for # _____ |
| <input type="checkbox"/> Classroom style | <input type="checkbox"/> U shape | <input type="checkbox"/> Theatre style |
| <input type="checkbox"/> Dance Floor | | |

Catered? No Yes - _____
Name and contact number of caterer

Will alcohol be served? No Yes - *Requires Special Occasion Permit or Licensed Caterer*

DJ / live music? No Yes - _____
Name and contact number of DJ/musician

Equipment requested:

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Sound System | <input type="checkbox"/> Microphones (wired only) |
| <input type="checkbox"/> Podium | <input type="checkbox"/> Projector & screen |

Insurance: Please check one	
	Purchase Insurance from Pearson Dunn – please inquire for applicable rate.
	Own Coverage – <i>Certificate of Insurance to be provided 2 weeks prior to event date listing The Roman Catholic Episcopal Corporation of Ottawa as additionally insured for \$2 million dollars on event date(s).</i> Name of Company: _____ Policy _____

Basic Rates

All rates are a **minimum** of 3 hours.

Category	Rate per hour
Standard	\$125.00
Parishioner <i>Must be a registered parishioner for a minimum of 1 year prior to your event.</i>	\$100.00

Deposits:	
Non-Refundable Deposit Amounts: \$100.00 per rental day	Refundable Deposit Amounts: Security Deposit - \$250
Date of this application:	Signature of Applicant:
<p>Deposit Enclosed: \$ _____</p> <p>Cheques are to be made payable to St. Patrick's Parish Fallowfield. Mastercard, VISA and Cash accepted in person.</p>	

For Office Use	
Date Received: _____	Deposit paid: _____
Proof of Insurance Received: _____	