Saint Monica	Pavilion R	<u>eservation Form</u>			
Event		-			
Organization					
Title:		Approximate Number Involved			
		Time of Event: Start Time			
(one dat	e per form)	Comp	letion Time	**************************************	
Contact Person	•				
Name			Parish No_		
		Ohio			
Phone Number	()	Day Ti	me		
	()	Other			
Deposit Paid Y	or N	(date)	check#	cash	
the Bishop of the D <i>pavilion</i> . User Responsibil	iocese of Clevel	and. <i>In addition, insur</i>	ance is now nece	•	
Pavilion ke <u>y</u> s mu Keys must be ret Pavilion drive by Please use parkir	st be picked up urned to the Of garage doors a ng lot located be	ith the parish office BE in the office during no fice by the next busine re for drop off only.	rmal business ho ess day. arish office.	g your event. urs.	
All trasn is to be p Trash bags are to	oicked up IN AN be removed fr	ND AROUND the pavillom pavillom pavillom	on. d in dumnster		
Tables need to be	e wiped off and	cleaned; Pavilion floo	r swept.		
Wash rooms are User is accountal	to be cleaned, : ble for securing	floors swept and left in	good order.	of event and any damages	
No alcohol bever	ages or drugs a	re permitted in or arou	and the pavilion.	or event and any damages	
Grills are prohibit		avilion e when keys are retur	and Davillan ele	10.00 D.M	
Parishioner Signa	iture	e when keys are retur	ned. Pavillon cic Date	ses at 10:00 P.M.	
		(Pa			
		For Office Use O			
Date Received	Insp			ned Y or N	
\$W	ithheld				
Reason::					
Damage:					



SPECIAL EVENTS LIABILITY INSURANCE APPLICATION

APPLICATIONS MUST BE RECEIVED 48 HOURS PRIOR TO THE EVENT TO OBTAIN COVERAGE
LIMIT OF LIABILITY | \$1,000,000

LOCATION TO BE INSURED

		ood (Art Confirmed Constitution)			
	AYMENT FROM APPLICANT AND DO NOTHE MONTHLY STATEMENT		OFFICE		
Parish School Institution		Contact Person			
Address	Telephone				
	APPLICANT				
	ent up to 4 continuous days) SHA : TO PARISH SCHOOL INSTITUT		CANT		
Party Requesting Coverage					
Address	City	State	Zip		
Contact Person	Telephone	Cell			
Date Tim Type of Event (reception shower bereaver * ATHLETIC EVENTS ARE NOT COVERED	ment meeting, etc)				
Will you be serving food? No Y	es; Catered? No Yes*	' By:			
	No Yes	Describe:			
Please complete Facilities Use Agreem	ent per Diocese Legal for all even	nts per: http://www.discplan.org	/miscellaneous.as		
Are Alcoholic beverages, including beer or	wine, being served? No	Yes*			
* If yes, are you charging admission?	No Yes				
THE SELLING OF ANY A	ALCOHOLIC BEVERAGE AT YOUR	EVENT IS STRICTLY PROHIBIT	ED!		
	PPLIED FOR BY THIS APPLICATION I HE PUBLIC OR AT ANY EVENT WHER				
The Ohio Department of liquor Control allows only no beverages are sold. Under Ohio law, a permit is require beverages, including where such beverages are provide Temporary Liquor Permits from the State of Ohio four	on-profit charitable institutions to obtain a red for anyone selling alcoholic beverages; red as part of an admission ticket price. Ap	temporary beer/wine/liquor permit for of selling is defined to include any form of plicants providing alcohol, refer to the re	events where such alcohor		

EMAIL COMPLETED APPLICATION WITHOUT PAYMENT TO

InsuranceRequest@dioceseofcleveland.org