

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 alcohol 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: _____

SPECIAL EVENTS LIABILITY INSURANCE APPLICATION

Notification of an event must reach Diocesan Master Insurance Program **no less than 48 hours in advance** to obtain coverage.

LIMITS OF LIABILITY: \$1,000,000 combined single limit per occurrence (Host liquor liability included)

↓ LOCATION TO BE INSURED ↓

PLEASE COLLECT PAYMENT FROM APPLICANT & DEPOSIT TO YOUR ACCOUNT. YOU WILL RECEIVE A MONTHLY STATEMENT FROM THE DIOCESAN FINANCE OFFICE THAT WILL INCLUDE THIS CHARGE.

Name of Parish, School, or Institution _____

Street Address _____

City _____ State _____ Zip Code _____

Telephone _____ Pastor/Administrator _____

↓ APPLICANT ↓

Name of Party
Requesting Coverage _____

Address _____

City _____ State _____ Zip Code _____

Contact Person _____

Home Telephone _____ Daytime Telephone _____

↓ NON-DIOCESAN / NON-PARISH EVENT INSURED ↓

Date _____ Time of Event: from _____ until _____

Type of Event (reception, banquet, shower, etc.) _____
***Athletic events are NOT covered.**

Are you bringing any equipment onto the site? _____ No _____ Yes*
***If yes, please describe in detail on the back of this form.**

Approximate Number of Participants _____ Is food being served? _____ No _____ Yes

Are alcoholic beverages, including beer or wine, being served? _____ No _____ Yes*
***If yes, are you charging admission? _____ No _____ Yes**

NOTE: The SELLING of any alcoholic beverage at your event is STRICTLY PROHIBITED!!

The Ohio Department of Liquor Control allows only non-profit charitable institutions to obtain a temporary beer/wine/liquor permit for events where such alcoholic beverages are sold. Under the law, a permit is required for anyone selling alcoholic beverages; selling is defined to include any form of remuneration for alcoholic beverages, including where such beverages are provided as part of an admission ticket price.

The insurance being applied for by this application DOES NOT cover liquor liability at any event open to the public or at any event where alcoholic beverages are SOLD!

PREMIUM OF \$100 (One calendar day/twenty-four hours) PAYABLE TO PARISH, SCHOOL OR INSTITUTION LISTED ABOVE UNDER FIRST SECTION LABELED "LOCATION TO BE INSURED".

Send completed application *without* check to:

Diocesan Master Insurance Program
1100 Superior Ave, Suite 1500 • Cleveland, Ohio 44114
Phone: 216-367-1828 / Fax: 216-367-1829

Email: Lucy Jorz at ljorz@oswaldcompanies.com OR insurancerequest@dioceseofcleveland.org