



All Saints Catholic Parish
620 N. Cedar Bluff Rd.
Knoxville, TN 37923
865-531-0770

Facilities Usage Guidelines & Contract

Date Contract Originated: _____

Name of Group: _____

Person Agreeing to Terms: _____

Office Member Reviewing Contract: _____



| Facility | Active Registered Parishioners | Non-Active Registered Parishioners | Non-Registered From another Parish |
|---|--------------------------------|------------------------------------|------------------------------------|
| Church | \$0 | \$0 | \$0 |
| Parish Hall Kitchen (Cold Storage & Food Prep Only) | \$150 | \$300 | \$500 |
| Parish Hall Kitchen (Full Use Including All Equipment) | \$300 | \$500 | \$750 |
| Parish Hall (Not including Kitchen) | \$350 | \$750 | \$1000 |

**There is a set-up/take down of tables and chairs fee for the Parish Hall. The fee is \$1 per chair, with a \$100 minimum.

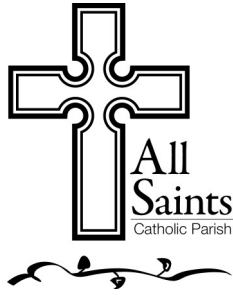
****A Refundable Damage Deposit of \$250 to use the Parish Hall and/or Kitchen is required** and will be returned in its entirety if the facility is left in the same condition as which it was found. If extra clean-up is necessary, \$25 per hour (with a one-hour minimum) will be deducted from the deposit for clean-up.

Other Fees Associated with Weddings:

- Wedding Director (**Required**): \$200
- Wedding Decorator: up to \$250
- Presiding Priest/Deacon: Voluntary
- Musicians: To be determined with chosen musicians

Definitions:

1. **Active Registered Parishioner**- A person who is registered with All Saints Parish and has consistently contributed financially to the parish for at least 12 months.
2. **Non-Active Registered Parishioner**- A person who is registered with All Saints Parish but does not consistently contribute financially to the parish or who has been a registered member for less than 12 months.
3. **Non-Registered**- A person who is not a registered parishioner of All Saints Parish.



My Cost Worksheet

This worksheet should be completed with your officiant or a member of the All Saints Office Staff

Use of church: \$0

Kitchen Fee: _____

Parish Hall Fee: _____

Refundable Damage Deposit: _____

Set-up/take down in Parish Hall: _____

Total due to All Saints 2 weeks before your wedding : _____

Signature of All Saints member: _____

Signature of Official Representative: _____

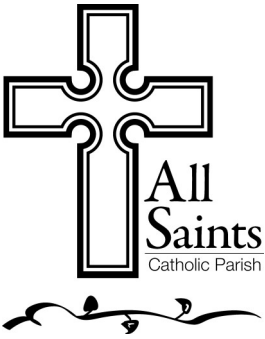
Other costs to consider:

A wedding director is required and the fee is \$200 due at the time of your rehearsal

A musician fee will be decided upon with the musicians of your choosing and payment is due at the time of your rehearsal

Many couples choose to make a donation to the presiding priest or deacon which may be given at any time

All Saints Catholic Church – Parish Facilities Sacred Space Policy



The purpose of our parish hall facilities is to celebrate the good news of Jesus Christ and to serve the needs of our Catholic Community. Our parish facilities are a sacred religious place. At all times, we are to respect the principles of our faith in the manner in which we use our facilities.

In order to maintain the sacred nature of our facilities, they may never be used in a manner that contradicts the tenets and principles of the Roman Catholic Church. This includes but is not limited to:

1. Events that celebrate actions and rituals that are contrary to the teachings of the Roman Catholic Church,
2. Events that support behavior that is contrary to the teaching of the Roman Catholic Church,
3. Events that promote conduct, products and activities that are contrary to the tenets and principals of the Roman Catholic Church,
4. Conduct that is not in keeping with civil laws and regulations, and
5. Conduct that offends Roman Catholic Church teachings regarding the sanctity of human life.

The primary purpose of this sacred space is for use by Roman Catholic Church entities and organizations. However, in the spirit of service to our community and in spreading the good news of Jesus Christ, we allow a limited pre-approved use of our facilities by entities and organizations that are not part of the Roman Catholic Church. These groups must agree that they will respect the sacred religious nature of our facilities and will abide by the guidelines set forth herein.

Signed By: _____

Date: _____

(Must be an official agent of the Facility User)

Type of Event: _____

Number of People Expected to Attend the Event: _____

Facilities Needed for Event

Chapel: _____

Church: _____

Confessional: _____

Courtyard: _____

Grotto: _____

Parish Hall B (limited to 60 people): _____

Kitchen (Cold Storage/Prep ONLY): _____

Kitchen (Full Use): _____

Marian Chapel: _____

Narthex: _____

Nursery (limited to 30 people including volunteers & nursery workers): _____

Parish Grounds: _____

Parish Hall (limited to 200 people): _____

Pavilion: _____

Religious Education Building (Please list specific room #'s): _____

Room A (limited to 15 people): _____

Room B (limited to 30 people): _____

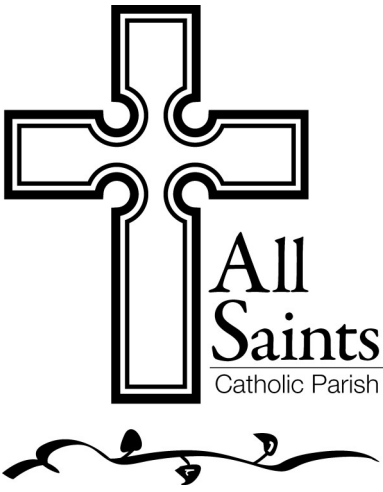
Room C (limited to 12 people): _____

Room D (limited to 15 people): _____

Set-up Time Needed: From: _____ To: _____

Time of Event: From: _____ To: _____

Clean-up Time Needed: From: _____ To: _____



Facility Use Application and Indemnity Agreement

Applicant's Name & Address:

Telephone Number: _____

Email Address: _____

Thank you for inquiring about the use of our Parish Facilities. We also thank you for completing this **Facility Use Application and Indemnity Agreement**, which will allow us to evaluate your request for use of our facilities. Please read and sign the attached **Parish Facilities Sacred Space Policy** when completing your application to ensure that your proposed usage of our facilities reflects the **Sacred Religious** nature of our facilities. Please ask a parish staff member if you have any questions regarding your proposed facility use being consistent with our **Parish Facilities Sacred Space Policy**.

If the **Facility Use Application and Indemnity Agreement** is approved, **Facility Use Applicant** may be required to provide their own insurance for their event or purchase Special Events coverage.

In consideration for Parish agreeing to evaluate the **Facility Use Application and Indemnity Agreement**, **Facility Use Applicant** agrees to protect, defend, hold harmless and fully indemnify All Saints Parish for any claims or cause of action whatsoever arising out of the facility use application process whether such claim arises from the alleged negligence of the Parish, its employees or agents, or the negligence of any other party. **Facility Use Applicant** agrees to indemnify, protect, defend, and hold harmless All Saints Parish for any cause of action whatsoever of alleged discrimination.

If any sentence or paragraph of this agreement is held invalid, it is agreed that the balance thereof, shall continue in full legal force and effect.

Signature: _____ Date: _____

(Must be an official agent or Facility User)

Name (Please Print): _____



This page is intended for use by the parish office only.

Status of Facility Use Applicant:

- Registered & Active
- Registered & Not Active
- Not Registered

Fees Schedule

- Parish Hall Fee: _____
- Hall B Fee: _____
- Nursery Fee: _____
- Kitchen (Prep Only): _____
- Kitchen (Full Use): _____
- Set-Up Fee: _____
- Cleaning Fee: _____
- Refundable Damage Deposit: _____

Payment Schedule:

Amount Paid: _____ Date: _____ By: _____

Amount Paid: _____ Date: _____ By: _____

Amount Paid: _____ Date: _____ By: _____

Refundable Deposit Returned: Yes No

Amount Refunded: _____ Date: _____ Check # _____