

# *Cathedral of Saint Joseph*

## *Facility Use Form*

**Name of Group/Event:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact Position:      Parishioner      Diocesan      Non-parishioner

Contact Address: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Requested Facility/Area:** \_\_\_\_\_

Planned Use of Facility/Area: \_\_\_\_\_

Estimated Group Size: \_\_\_\_\_

<b>ONE TIME EVENT</b>	<b>RECURRING EVENT</b>
<b>Date (s):</b> _____	<b>Day:</b> Su   M   Tu   W   Th   F   Sa
<b>Time:</b> _____ a.m.   p.m. to _____ a.m.   p.m.	<b>Week:</b> 1st   2nd   3rd   4th   5th
<b>Time (s):</b> _____ a.m.   p.m. to _____ a.m.   p.m.	
<b>* Events must be scheduled more than one week in advance</b>	

<b>EVENT SUMMARY</b>
Private groups (non-Cathedral & non-Diocesan ministry groups) must also provide a detailed description of the event to be held at the Cathedral.

<b>EVENT INSURANCE</b>
General Insurance is required for every meeting or event held at the Cathedral of Saint Joseph. Please see the reverse side for your groups respective requirements.
<b>DAMAGE COVERAGE</b>
A damage deposit is required of all private events held at the Cathedral of Saint Joseph. Please see the reverse side for details.
<b><i>These are not required for Diocesan groups and Cathedral ministries as they are already covered.</i></b>

*All events and their scheduling priority will be subject to the direction of the Rector of the Cathedral of Saint Joseph and the submission date of this form. Adjustments to the above information must be approved in advance by the Rector; meeting rooms may be changed on an as-needed basis by the Cathedral. By signing below, I agree to the above and to comply with the Cathedral Code of Conduct and all supplemental policies regarding facility use.*

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

<i>Internal Use</i>	
<b>Approved by</b> _____	<b>Date</b> _____

## INSURANCE COVERAGE

### OPTIONS

CHOOSE ONLY ONE

i. **Special Events Insurance Coverage through Catholic Mutual** \_\_\_\_\_

*Special events insurance coverage may be purchased which will cover the individual or organization holding the event, the Cathedral of St. Joseph, and the Catholic Diocese of Sioux Falls. The insurance fee is \$95.00 for each day.*

ii. **Indemnity Agreement** \_\_\_\_\_

*Facility Users will be required to provide the parish with a certificate of insurance documenting general liability coverage in the amount of \$1,000,000 per occurrence. This certificate must also name the Cathedral of St. Joseph and the Catholic Diocese of Sioux Falls as additional insureds.*

*By signing below, I agree to provide and abide by the selected insurance coverage. I also acknowledge that I have read and will comply with the Cathedral of Saint Joseph Code of Conduct and any supplemental policies for the duration of meetings at the Cathedral of Saint Joseph facilities.*

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## DAMAGE COVERAGE

ALL FACILITY USERS agree to cover incidental damages not included in the above insurance. Examples:

- Trash or other debris not properly discarded.
- Damage to facility requiring excessive cleaning or minor repair.
- Extraneous items given out (such as keys, media use, etc.) not returned to the Cathedral.

**INITIAL** \_\_\_\_\_ **Date** \_\_\_\_\_

## FACILITY FEES

In order to offset maintenance and upkeep costs, the Cathedral offers the following suggestions for use fees:

- |                             |                           |                               |
|-----------------------------|---------------------------|-------------------------------|
| • Parish Hall               | \$ 200 <i>parishioner</i> | \$ 500 <i>non-parishioner</i> |
| • School Gymnasium          | \$ 100 <i>parishioner</i> | \$ 250 <i>non-parishioner</i> |
| • Sacred Heart Meeting Room | \$ 75 <i>parishioner</i>  | \$ 150 <i>non-parishioner</i> |

**Suggested Offering Only:** I will prayerfully consider a donation **INITIAL** \_\_\_\_\_

## RETURN INFORMATION

**Please deliver or mail to:** Cathedral of Saint Joseph, Attn: Heidi Solem  
521 N Duluth Ave., Sioux Falls, SD 57104