



15 Steeple Hill Crescent
Nepean, ON K2R 1G2
613-591-1135
office@stpatricksfallowfield.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 (including set-up)		End Time (including cleanup)	
Representative's Name			
Organization (if applicable)			
Mailing Address			
Phone Number			
E-mail Address			

SPACE REQUESTED

- Baxter Hall
 Riopelle Boardroom
 McGivney Conference Room

EVENT INFO

Type of Event:

- Anniversary
 Dinner
 Birthday
 Bridal / Baby Shower
 Christmas Party
 Dance
 Meeting
 Reception
 Retirement

Expected Attendance: _____

Room Layout

- Round tables of 6 _____
 Round tables of 8 _____
 Head Table for # _____
 Classroom style
 U shape
 Theatre style
 Dance Floor

Catered? No Yes - _____

Name and contact number of caterer

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

DJ / live music? No
 Yes

Equipment requested:

- Sound System
 Microphones (wired only)
 Podium
 Projector & screen

Insurance: Please check one

	Purchase Insurance from Pearson Dunn online at: https://pearsondunn.com/acbo_insurance_applications/new?locale=en
	Own Coverage – 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). Name of Company: _____ Policy _____

Deposits:

Non-Refundable Deposit Amounts: \$100.00 per rental day	Refundable Deposit Amounts: Security Deposit - \$500.00 payable upon request
Date of this application: _____	Signature of Applicant: _____

Deposit Paid: \$ _____

Cheques are to be made payable to **St. Patrick Parish Fallowfield**. Mastercard, VISA and Cash accepted in person.

Estimate:

- Standard Rate - \$1,500.00 (includes 1pm to 1am day of reception and 2 additional hours to decorate)
- Hourly Rate @ \$125.00 x _____ hours (minimum of 3) = \$ _____
- Meeting Room Rental - \$75.00 (flat fee, 3 hours)

For Office Use	
Date Received: _____ (Date)	Deposit Paid: _____ \$ _____ (Date) (Amount)
	<input type="checkbox"/> Cheque # _____ <input type="checkbox"/> Cash <input type="checkbox"/> Credit
Balance Due: _____ (Date)	Balance Paid: _____ \$ _____ (Date) (Amount)
	<input type="checkbox"/> Cheque # _____ <input type="checkbox"/> Cash <input type="checkbox"/> Credit
Proof of Insurance Received: _____ (Date)	