



**ARCHDIOCESE OF BALTIMORE
THIRD PARTY SPECIAL EVENTS WAIVER APPLICATION**

DATE: _____

LOCATION INFORMATION

LOCATION NUMBER (4 DIGITS): _____
LOCATION NAME: _____
LOCATION ADDRESS: _____

LOCATION CONTACT: _____
PHONE NUMBER: _____
E-MAIL ADDRESS: _____

LESSEE INFORMATION

NAME _____
ADDRESS _____
CITY/STATE _____
TELEPHONE _____
E-MAIL ADDRESS: _____

PLEASE SPECIFY TYPE OF SPECIAL EVENT (Example: Wedding Reception, Anniversary Party, etc.): _____

DATE OF EVENT: _____

TIME OF EVENT FROM _____ TO _____

APPROXIMATE NUMBER OF PARTICIPANTS: _____

IS LIQUOR BEING SERVED? _____
IS FOOD BEING SERVED? _____
IS THERE SECURITY? _____

THE COST FOR THIS WAIVER IS \$100.00 FOR EVENTS TO BE HELD BETWEEN JULY 1, 2016 AND JUNE 30, 2017.

CHECKS ARE TO BE MADE PAYABLE TO ARCHDIOCESE OF BALTIMORE.

EITHER E-MAIL THE COMPLETED FORM TO THE ATTENTION OF RISK MANAGEMENT C/O DIANA.APPEL@ARCHBALT.ORG OR FAX TO 410-332-8233. PAYMENTS ARE TO BE SENT TO RISK MANAGEMENT, ARCHDIOCESE OF BALTIMORE, CATHOLIC CENTER, 320 CATHEDRAL STREET, BALTIMORE, MD 21201.

By submitting this request, the lessee has requested that the insurance requirement within the third party facility use agreement be waived. Neither the Archdiocese nor the respective location is in the business of selling insurance. This transaction represents a waiver of a contract condition and fulfills the lessee's obligation related to providing proof of insurance.