

Facility Rental Agreement

Contact: (623) 935-3279

[Office@stpetersaz.com](mailto:Office@stpetersaz.com)



Date of Event: \_\_\_\_\_ Time of Rental (Include Setup/Cleanup: \_\_\_\_\_ to \_\_\_\_\_

Type of Event: \_\_\_\_\_ Number of Guests: \_\_\_\_\_

Name of Renter: \_\_\_\_\_

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

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

Active Parishioner:            Y        N

Is alcohol being served?        Y        N

Is food being served?            Y        N

Insurance On File Policy Number: \_\_\_\_\_ Provider: \_\_\_\_\_

**Payment Information:**

Rental Fee	\$
Security Deposit	\$
<b>Total Rental Fee</b>	\$
Less Security Deposit – due at time of reservation	\$
Cash      Check #      CC      Date Received	
<b>Balance Due – 2 weeks prior to event</b>	\$
Cash      Check #      CC      Date Received	
Security Deposit Returned On Date: _____ Check #: _____	\$

*Security deposit refund based on the condition of the facility after the event outlined in the Facility Rental Checklist.*

*Cancellation Policy – 100% refund of security deposit if cancellation provided in writing at least 30 days prior to event. 50% refund of security deposit if cancellation provided in writing less than 30 days prior to event. If no written cancellation is received the security deposit is forfeited.*

I have read the St. Peter’s Facilities and Equipment Rental Policy Agreement and have received the Facility Rental Checklist. I agree to all terms stated herein.

Renter Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Church Signature: \_\_\_\_\_ Date: \_\_\_\_\_