

Facility Rental Agreement

Contact: (623) 935-3279

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

Audio Visual Use? Y N ie: Sound system with mic, screen/projector, wifi

Insurance On File Policy Number: _____ Provider: _____

Payment Information:

Rental Fee	\$
Security Deposit	\$
Additional Costs	
Total Rental Fee	\$
Less Security Deposit – due at time of reservation	\$
Cash Check # CC Date Received	
Balance Due – 2 weeks prior to event	\$
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: _____