

## RENTAL APPLICATION A VISITATION BANQUET CENTRE

Applicant			Organization		
Person Responsible for Activity			Title		
Address/Apt. #/Street		City/Province		Postal Code	
Tel:	Residence & Secondary			Business	
Email			Cel No.		
Community	Yes	No	Parishioner	Yes	No

Purpose For Rental					
Will Admission be Charged?		Disposition of Proceeds			
Yes		No			
Expected Attendance		Early Access/Time		Security Personnel/Times	

Date(s) & Hours Required	Date		Time	
	From:		From:	
	To:		To:	

Facilities Requested											
Hall A			Hall B			Meeting Room			Kitchen		
Yes		No	Yes		No	Yes		No	Yes		No
Catering			Catering			Caterer Contact Info			Tel:		
Yes		No	Yes		No	Name					
Alcoholic Beverages Liquor License (copy)			Served to Public			Sold to Public			"Smart Server(s)"		
			Yes		No	Yes		No			
Other Facilities or Equipment		Sound System		Stage (Size)		Head Table		Music Live Band DJ		Internet	
Decorations Approved			Liability Insurance			Insurance Co./Policy No. (copy)					
Yes		No	Yes		No						
Rental Fee \$			Damage Deposit \$			Total Charges \$					
Lessee Signature (Accepts all conditions)						Title/Date					
OLOV Authorization						Title/Date					

### Waiver

I hereby waive any claim against Our Lady of the Visitation Church (hereinafter called "the Church") and agree to defend, indemnify and hold the Church harmless from any claim or liability for injury or loss which may arise as a result of using the Church or its facilities. I further agree to compensate the Church for any time spent or expenses incurred in defense of any such claims in accordance with prevailing fees and costs. I also agree to maintain sufficient and proper insurance coverage for use of the facilities shown on this application form and provide physical proof, on request from the Manager of the Church facilities that such insurance coverage is in force. I agree to compensate the Church and/or the Archdiocese of Ottawa for all claims, damages and costs arising out of my use of the Church or its facilities.

Date \_\_\_\_\_ Accepted By Lessee \_\_\_\_\_

### OFFICE USE ONLY

Rental Fee Received \_\_\_\_\_ Other charge(s) received \_\_\_\_\_

Lease Signed  
Date \_\_\_\_\_ Lessee \_\_\_\_\_

Date \_\_\_\_\_ Facilities Manager \_\_\_\_\_