

ST. JOSEPH CENTER

215 N. 15TH ST. MOUNT VERNON, WA 98273

Tel: (360) 328-1981 / Email: stjosephcenter@icrsweb.org

FACILITY RENTAL / USE AGREEMENT

Name of Renter/Organization		DATE OF EVENT:	
Contact Person		<input type="checkbox"/> Type of Function	_____
Phone Cell		<input type="checkbox"/> Time From/To	_____
E-mail		<input type="checkbox"/> # of attendees	_____
Registered company address City, State ZIP Code		<input type="checkbox"/> Full Facility/Foyer	_____
		<input type="checkbox"/> Foyer ONLY use	_____

CATERING

Catering Company Name:		Address	
Contact Person		Telephone #	
Set-up time		Food Serving time	
Certificate of Insurance		Beer & Alcohol License	
Number of tables of 10 / 8		Additional Set-up Date	

RENTAL APPLIED FEES & PAYMENTS

\$2000 - Full Center use		\$200 – evening use day before subject to availability (4hours) after 5pm add'l hour \$50 p/h	
\$500 - Deposit (non-refundable)		\$600 – Foyer only use	
\$75 – per person Dishwasher/ 5 hours		\$20 – per hour janitorial fee	
\$18 – P/H Facility Representative on site		\$200 – Catholic Mutual Insurance	
\$20 – P/H set-up/take down pp		\$25 - P/H Security	
Add'l charge for excess garbage			

AGREEMENT

As user of the Saint Joseph Center property, we agree to protect, indemnify, and hold harmless the Corporation of the Catholic Archbishop of Seattle, WA and Immaculate Conception Regional School from any and all loss, cost, damage or expense, arising out of or from any accident or other assurance on or about these premises, causing injury to any person or property, and will protect, indemnify, and hold harmless the Catholic Archbishop of Seattle, WA and Immaculate Conception Regional School from any and all claims, cost or expenses arising from failure of the user in any respect to comply with and perform all requirements and provisions agreed to and required by law or ordinance during the period use. Deposit in non-refundable if renter cancels event. Deposit can be applied for a future date event on a one-time use date change. Date will be subject to availability.

SIGNATURES

Signature of Renter		Signature of Facility Representative	
Print Name/Title		Print Name/ Title	
Date		Date	

Mail payments to: Immaculate Conception Regional School
1321 E. Division Street Mount Vernon, WA 98274