



Parish of St Aidan & St Bartholomew

659 North Rd • Gibsons BC V0N 1V9 Phone: 604.886.7410 Email: stbarts@telus.net

Facility Use Contract for Single Event

(please print)

Event:	Event Date:
Organization Name:	Prep Time:
	Start Time:
Contact Name:	End Time:
	Address:
	Email:
	Phone/Cell:
Space Requirements & Fees:	
<input type="checkbox"/> Sanctuary @ \$30 per hour	\$ _____
<input type="checkbox"/> Piano/Organ Fee \$30	\$ _____
<input type="checkbox"/> Bethlehem Chapel @ \$20 per hour	\$ _____
<input type="checkbox"/> Hall @ \$20 per hour	\$ _____
<input type="checkbox"/> Kitchen: <input type="checkbox"/> Coffee/Tea @ \$10 <input type="checkbox"/> Full Use @ \$100	\$ _____
<input type="checkbox"/> Other:	\$ _____
TOTAL Rent:	
Liability Insurance All Users <u>must have</u> liability insurance. Groups and those persons participating therein agree that there is no liability on the part of St. Bart's Anglican Church as to suitability or condition of the premises and that they use these premises at their own risk. The group and its members will indemnify St. Bart's Anglican Church and hold it harmless for any legal liability, costs, or damages for bodily injury, harm to property or death of any person or persons. The group and/or participants also agree to pay for any damages done to St. Bart's Anglican Church property caused by them during their use of said property, excepting always, liability arising out of the independent negligent acts of the Property Owner. It is strongly recommended that your Liability Insurance be at least \$2,000,000. If you have Liability insurance, you are required to provide St. Bart's with a copy of the certificate listing St. Bart's Anglican as certificate holder.	
Liability Insurance	
<input type="checkbox"/> No will need Anglican Diocese Liability Insurance Insurance Form Completed <input type="checkbox"/> Rate: \$ _____	
<input type="checkbox"/> Yes (photocopy provided for St. Bart's office)	
<input type="checkbox"/> Damage/Key Deposit: \$200.00 <i>cash or separate cheque</i>	
Total Fees Received:	
<i>I/We have read, understand, and agree to abide by the policies as set forth by St. Bart's Anglican Church for the use of this facility. I/We will leave the premises in good order.</i>	
Signature of User: _____	Date: _____
Office Administrator: _____	Date: _____
Office Use Only: <input type="checkbox"/> Event Calendar <input type="checkbox"/> Liability Insurance Form <input type="checkbox"/> Damage/Key Deposit	

Payment made by Cash OR cheque to *St. Barts Anglican* OR by e-transfer