

Room Rental Request Form for Private Events

Contact Name: _____ Phone: _____

Organization: _____ Email: _____

On behalf of the organization, I acknowledge receipt of the copy of the St. John the Baptist Parish room rental policy, and I agree to abide thereby. I understand that all payments in form of only Cashier's check or money order must be received 7 days prior to the event. I understand that any cancellations on the date of the event will result in a \$75.00 cancellation fee.

Signature: _____ Date: _____

Meeting/Event Information

Event title/ Name: _____

Requested Date: _____ Requested Location: _____

Purpose: _____

Expected Number of Attendees: _____

Name of Caterer: _____ Phone: _____

Menu Type: _____

Fee Schedule (to be paid to the Library)

Multi-Purpose Room _____ 4 hour minimum \$245.00

1885 House _____ \$100.00 per hour

Cleaning Fee _____ \$150.00 additional fee (any space)

Security Deposit _____ (\$150.00, to be returned up to 30 days after rental via check)

Total Amount Due: \$ _____

_____ Security Detail - 3 hour minimum – secure through St. John Sheriff Offices (receipt required 7 days in advance)

_____ Event Insurance – must provide event insurance to cover \$1 million in damages, citing the St John Library as insured covered. Insurance rider must be received 7 days in advance.

LIBRARY USE ONLY. DO NOT WRITE IN THIS BOX

Amount received & Certificates confirmed: _____ **Initials:** _____

Event use approval: _____ **Date:** _____

Library Director