Saint Monica Pavilion Reservation Form Event_____ Organization_____ Title: _____ Approximate Number Involved Date_____ Time of Event: Start Time (one date per form) Completion Time Contact Person: Name_____ Parish No____ Address: City/ ____ Ohio Zip Phone Number (_____) _____Day Time (____)___Other Deposit Paid Y or N _____(date) check # cash The person reserving the pavilion must be a registered active parishioner of St. Monica Church. A one hundred fifty dollar (\$150.00) deposit is required and if all user responsibilities are met a check in the amount of \$100.00 will be refunded. St. Monica agrees to grant to the person reserving the pavilion to use it for the specified event. At no time can the pavilion be used in any manner that is contradictory to the teachings or mission of the Roman Catholic Church, that promotes the espousal of any particular belief or viewpoint that is contradictory to the teachings of the Roman Catholic Church as determined by the Bishop of Cleveland, or that is otherwise injurious to the reputation of St Monica Parish, the Diocese of Cleveland, or the Bishop of the Diocese of Cleveland. In addition, insurance is now necessary when using the pavilion. User Responsibilities: The event must be scheduled with the parish office BEFORE advertising your event. Pavilion keys must be picked up in the office during normal business hours. Keys must be returned to the Office by the next business day. Pavilion drive by garage doors are for drop off only. Please use parking lot located between pavilion and parish office. All trash is to be picked up IN AND AROUND the pavilion. Trash bags are to be removed from pavilion and placed in dumpster. Tables need to be wiped off and cleaned; Pavilion floor swept. Wash rooms are to be cleaned, floors swept and left in good order. User is accountable for securing/locking up all pavilion doors at the end of event and any damages. No alcoholic beverages or drugs are permitted in or around the pavilion. Grills are prohibited inside the pavilion Report any damages to the Office when keys are returned. Pavilion closes at 10:00 P.M. Parishioner Signature ______ Date Approved by:_____(Pastor) Date _____ For Office Use Only Date Received _____ Inspected by _____ Deposit Returned Y or N_____ \$ Withheld Reason::_____ Damage: