



ST. PETER'S EPISCOPAL CATHEDRAL  
511 NORTH PARK AVENUE, HELENA MT 59601

## FACILITY USE APPLICATION & AGREEMENT

Requesting Group/Person: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Representative: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Event Contact (if different): \_\_\_\_\_

Phone (mobile): \_\_\_\_\_ (home): \_\_\_\_\_

Nonprofit 501(c)(3)? \_\_\_\_\_ 501(c)(7)? \_\_\_\_\_

Purpose: \_\_\_\_\_

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Date(s) Requested: \_\_\_\_\_

Recurring Event?: NO \_\_\_\_\_ DAILY \_\_\_\_\_ WEEKLY \_\_\_\_\_ MONTHLY \_\_\_\_\_

Other Frequency: \_\_\_\_\_ Days (circle): M T W T F S S

Rooms Requested: SANCTUARY \_\_\_\_\_ UNDERCROFT \_\_\_\_\_ GUILD ROOM \_\_\_\_\_

KITCHEN \_\_\_\_\_ NURSERY \_\_\_\_\_ CONF. RM. \_\_\_\_\_ KNIT RM. \_\_\_\_\_

Anticipated Number of Participants: \_\_\_\_\_

Will You Charge a Fee?: YES \_\_\_\_\_ NO \_\_\_\_\_ Refreshments?: YES \_\_\_\_\_ NO \_\_\_\_\_

Special Needs or Requests: \_\_\_\_\_

**RELEASE & INDEMNITY**

This Release & Indemnity agreement is between the above-named User and St. Peter's Cathedral.

The undersigned has read, understands, and agrees to the rules, regulations, and terms outlined in the **FACILITY USE APPLICATION & AGREEMENT** and donation schedule provided. The user group is liable for damage to the buildings, grounds, furniture, and equipment, and for the safety of all guests. The user group will be held responsible for repair costs exceeding normal wear and tear. The user group also agrees to indemnify and hold harmless St. Peter's Cathedral from any loss, damage, or liability to property or persons resulting from facility use.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Credit Card No. (Req.): \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVV Code: \_\_\_\_\_

Billing Address: \_\_\_\_\_

\_\_\_\_\_

**FOR INTERNAL USE ONLY**

Request Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ By: \_\_\_\_\_

Reason for Denial: \_\_\_\_\_

\_\_\_\_\_

Total Donation(s): \$ \_\_\_\_\_

**NOTES**

Request approved/denied \_\_\_\_\_

Donation Received \_\_\_\_\_

Insurance Certificate Received \_\_\_\_\_

Entered in Calendar \_\_\_\_\_

Staff Notified \_\_\_\_\_