

FEE SCHEDULE FOR PAVILION

Fees will be paid directly by the client to the Church, pursuant to Rental Agreement between client and Church. Fees shall be as follows:

Rates for Events

| Reservations (4-6 nours) | | \$150.00 |
|--|------|----------|
| Other Fees | | |
| Diocesan Required Special Event Insurance | DUE: | \$95.00 |
| Certificate of Insurance to St. John Neumann Parish can be accepted. See rental agreement | | |
| Security Deposit (returned after event, if no damage) | | |
| DUE NOW TO HOLD DATE \$100.00 | | |
| TOTAL COST | \$ | |
| One has to be an active, participating, registered and contributing member of St. John Neumann Church. | | |
| Parishioner's personal use of the pavilion shall mean – use by the parishioner or a member of the | | |
| parishioner's immediate family for a personal event, such as and anniversary or baptism party, etc. but | | |
| shall not include use by any commercial or profit making activity or use for any organization of which the | | |
| parishioner is a member. | | |
| OFFICE USE ONLY: | | |
| SECURITY DEPOSIT AT TIME OF SIGNING: \$250.00 | | |
| | | |
| Date Paid: Check #: Amount Paid: | | |
| | | |
| DEPOSIT TO BE RETURNED AFTER EVENT (IF NO DAMAGE) AMOUNT & DATE RETURNED \$ | | |
| | | |
| Ins. Dec. Page Liab. Insurance Fee of \$95.00 Due:/ Received | :/ | |
| Hall Rental Fee (Balance) of \$ Due :/ Received | t:/ | |
| Copies Given to Contact Person:YN | | |
| Notations: | | |