



SANTA TERESITA FACILITY RESERVATION APPLICATION

This application will be processed and facilities reserved when form has been completed and approved by Santa Teresita and the deposit payment is received.
Fees and Deposits are subject to change.

PLEASE PRINT LEGIBLY

APPLICANT INFORMATION

Today's Date: _____
Requested Date of Event: _____ Time: _____
Applicant's Name: _____
*Name of Person(s)/Group Responsible: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: (____) ____-____ Business Phone: (____) ____-____
Cell: (____) ____-____ Email: _____

How did you hear about Santa Teresita?

*Please Note: Only those listed on application can make changes to rental.

RENTAL ROOM INFORMATION

Room(s) Requested:
 Madonna Hall Madonna Hall Room A Madonna Hall Room B
 Other (please specify): _____
 Outdoor area, please specify: _____

St. Joseph Chapel/Sacred Heart Chapel use requested? Yes No (Separate Chapel form required)

FUNCTION

Name of Event: _____

Expected attendance: _____

List types of advertising for your event (i.e. invitation, radio, flyer, etc.):

Media Equipment Requested (additional fees may apply):

VCR/DVD Coffee Urn Check-in table Overhead projector
 Easel Stage Sound system Microphone
 Screen Podium Dance Floor Other: _____

Santa Teresita
819 Buena Vista Street • Duarte, CA 91010
Phone (626) 408-7802 • Fax (626) 408-7874
<http://www.santa-teresita.org>

Please check the appropriate box regarding your event and provide answers as requested.

<i>My Rental at Santa Teresita</i>	Yes	No
Will be open to the public		
Will have an admission charge		
Will be a fundraising event		
Will be selling food		
Will be selling merchandise		
Will have vendors		
Will be using the kitchen/ kitchenette (if renting Madonna Hall)		
Will be serving food		
Will be a catered event Name of Caterer _____		
Will be having entertainment (DJ, band, clown, etc.) If yes, what type of entertainment _____		

CATERING

Would you be interested in having your event catered by Santa Teresita?

No *If rental group brings own caterer, all service-ware and catering supplies are to be provided by group. Please bring cleaning supplies (e.g., dish soap, dishtowels, serving utensils, etc.).*

- Yes
- Beverage service Ice water only Cookies or pastries
- Continental breakfast Hot breakfast Fruit Tray
- Served lunch or dinner Buffet lunch or dinner
- Servers needed Serving Time(s): _____ to _____

MDH-Kitchen Equipment Requested:

- Refrigerator Ice machine Stove
- Counter space only Oven Dishwasher

Notes: _____

ACKNOWLEDGEMENT

Please print, sign, and date this document to Special Events.

I have read the contents of the Santa Teresita Rental Information Packet and agree to abide by these rules and regulations. I agree to submit any necessary forms, payment, and information required by Santa Teresita.

I understand that:

- ❖ Applicant is responsible for the behavior of all persons at the event.
- ❖ Full refund will be granted if cancellation is requested 30 days or more prior to the scheduled event.
- ❖ Use of Alcohol is permissible according to Santa Teresita's policies.
- ❖ Any illegal activity is prohibited.
- ❖ The applicant is responsible for any damages to the facility or equipment.
- ❖ Music must be kept to a minimum so as not to disturb others.
- ❖ Political candidates and other public figures with a public record of stances not in conformity with the teachings of the Catholic Church are not honored or invited to participate in activities in our facilities or properties.
- ❖ I hereby fully release and discharge Santa Teresita, its officers, agents, employees from any and all claims from injuries, including death, damages or loss, which may arise or which may be alleged to have arisen out of, or in connection with the above event at Santa Teresita.
- ❖ I further agree to indemnify and hold harmless and defend Santa Teresita, it's officers, agents, and employees from any and all claims resulting in injuries, including death, damages, and losses, including, but not limited to the general public, which may arise or may be alleged to have arisen out of, or in connection with the above event at Santa Teresita.
- ❖ Failure to do so may result in cancellation of my reservation or additional fees.
- ❖ My completed copy of this form does not represent a confirmed reservation.

SIGNED

PRINTED NAME

DATE

FOR OFFICE USE ONLY				
Dept. of Approval			Date	Initials
CEO/CFO	Yes	No		
Events Coordinator	Yes	No		
Housekeeping	Yes	No		
Dietary	Yes	No		
Event Name: _____ Date: _____ Date Entered in calendar: _____ By: _____ Date of post-event inspection: _____ By: _____				
Rental Fees	Amount	Amount Received	Check #	Date Paid
Total Amount for Rental				
Total Amount for Deposit				
Additional Cost				
Amount/Date of Deposit Returned				

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