

Our Lady of The Assumption Parish

3141 Shaughnessy Street, Port Coquitlam B.C. V3B 4L2

Tel: 604-942-7808

Email: assumptionofmary@shaw.ca

OUR LADY OF THE ASSUMPTION PARISH RULES AND REGULATIONS **FOR EVENTS**

General

1. **Damage Deposit:** Please issue a separate cheque for the damage/security deposit. This will be given at the time the contract is signed. It will be returned on the first business day, following the conclusion of the rental period, provided there has been no damage incurred and no extra clean-up required.
2. **Cancellation:** If event is cancelled, by the renter, 30 days prior to the event, full amount will be refunded; otherwise, if cancelled less than 30 days, 50% will be refunded. All reservation cancellations must be made in writing (_____ Lessee Initial).
3. **Clean-up:** At the conclusion of the event, the Licensee is responsible for removing all decorations to property and to dispose of the garbage in the bins. The tables should be wiped with a damp cloth.
4. **Non-Smoking Regulations:** Smoking is not permitted within 3 meters from the doorways of Parish Centre/School Gym.
5. **Parking:** Park only in designated stalls.
6. **Liquor:** The terms and conditions of Liquor Control and Licensing Branch of British Columbia must be followed. To serve and/or sell alcohol, a Special Occasion Licence for private events is required. A copy must be submitted at least five (5) business days prior to the event. The Licensee is responsible for the conduct and behaviour of all drinking guests. Underage drinking (under 19 years of age) is strictly prohibited. Serving alcohol without proper approval and license, and/or in violation of any of the terms and conditions of BC Liquor Control may result in immediate shut down of the event, forfeiture of deposit and/or additional fees and penalties.
7. **Fire Regulation:** All fire regulations are to be observed. Fire exits must not be blocked.
8. **Proper Supervision:** The Licensee is responsible for the proper behaviour of guests at the event.
9. *As Licensee you are responsible for ensuring that all applicable Provincial Health Authority orders in place at the time of the event are enforced, and strictly adhered to by all event participants. The Licensee will be held liable for any non-compliance of event participants with the PHO orders.*

Events in the Centre

1. **Decoration:** Please contact the Parish Office to coordinate a set up time. **ABSOLUTELY NO** staples, nails, push pins, glue, clear tape or other materials, which may affect the finish on any surface, may be used. "No drip" candles are the only candles allowed in the Parish Centre.

- 2 Food Preparation: The caterer may use the server to organize the prepared food. Cooking is not allowed, therefore the stove is off limits, and the dishwasher is for parish use only.
3. Hours of Operation: Evening events must be completely finished by 11:00pm.

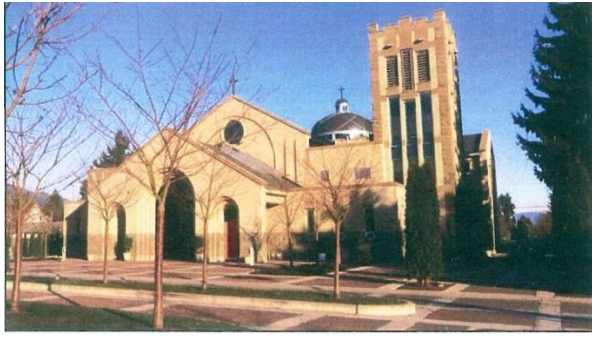
Events in the —School Gym

- 1 Decoration: Please contact the Parish Office to coordinate a set up time. **ABSOLUTELY NO** staples, nails, push pins, glue, clear tape or other materials, which may affect the finish on any surface may be used. "No drip" candles are the only candles allowed in the School Gym.
- 2 Food Preparation: The caterer may use the server to organize the prepared food. Cooking is not allowed, therefore the stove is off limits, and the dishwasher is for school use only.
- 3 Hours of Operation: Evening events must be completely finished by 11:00pm.
- 4 Off-limits: The school playground equipment is off limits to all Licensees.

Emergency Contact:

In the event of an emergency, please contact the Parish Office @ 604-942-7808

Revised: November 3, 2022



Our Lady of the Assumption Parish

3141 Shaughnessy Street Port Coquitlam B.C.
V3B 4L2

Tel: 604-942-7808

Email: assumptionofmary@shaw.ca
assumptionofmary.ca

FACILITY RENTAL REQUEST FORM

Our Lady of the Assumption Parish collects and protects the personal information on this form pursuant to the Personal Information Protection Act. The information will be used only for the purpose of managing the rental of the parish facility. This form and other personal information collection in the process of managing this request will be retained for 1 year and then confidentially destroyed.

Name: _____ Date: _____
(Lessee)

Address: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

Date of Rental Requested: _____ Expected # of Guests: _____

Name of Event: _____

Nature / Purpose of Event:

Event Start Time: _____ End Time: _____
(latest 11:00pm)

Facility/Room Request (Please check request facility)

____ Parish Centre (max of 125 guest)

____ School Gym (max of 200 guest)

Please check:

____ Parishioner (registered & contributing member of Our Lady of the Assumption Parish for a minimum of one (1) year)

____ Non-Parishioner

Insurance is required. You will need to get insurance on your own and have a minimum coverage of \$2 million.

A Liquor license is required if you are serving alcohol

- Westland Insurance: westlandinsurance.ca/e
- Insure BC: insurebc.ca/travel-lif

Additional Information:

Any activities or functions in the Parish are required to fully comply with Our Lady of the Assumption Parish Rules and Regulations for facility use.

Our Lady of the Assumption Parish maintains the rights to revoke or terminate any event at any time which, in our opinion, may unfavourably reflect upon Roman Catholic beliefs. Please direct all concerns or questions to the Pastor regarding this matter.

The renter using the facility is accountable for set up, as well as take down and clean up. All furnishings must be returned to their original locations and equipment properly stored. Report any damages occur during the usage of the facility to the office.

Name and Signature: _____

Date: _____

For office use only	
Date Received: _____	Approved: _____ Yes _____ No
Facility/Room: _____	



Our Lady of the Assumption Parish

3141 Shaughnessy Street Port Coquitlam B.C., V3B 4L2

Tel: 604-942-7808 Email: assumptionofmary@shaw.ca

PARISH GROUP FACILITY USE REQUEST FORM

Our Lady of the Assumption Parish collects and protects the personal information on this form pursuant to the Personal Information Protection Act. The information will be used only for the purpose of managing the rental of the parish facility. This form and other personal information collection in the process of managing this request will be retained for 1 year and then confidentially destroyed.

Parish Group Name: _____ Date: _____

Contact Person: _____

Address: _____

Home #: _____ Cell #: _____

Work #: _____ Email: _____

Name of Event: _____

Purpose of Event: _____

Date(s) of Event: _____ # of Attendees: _____

Starts at: _____ Finish at: _____

Facility/Room Request (Check one)

_____ Parish Hall _____ School Gym

_____ School Staff room

Frequency: (weekly, every Sunday, etc.) _____

_____ I have access to the building (key) _____ I will need access to the building.

Contact Person's Signature: _____

Submit request form at least one month earlier for single event, prior to the date requested. For multi-week and major events, request form should be submitted not less than 4 months prior to the event date.

The Parish Group using the facility is accountable for set up, as well as take down and clean up. All furnishings must be returned to their original locations and equipment properly stored. Report any damages occur during the usage of the facility to the office.

You will be notified by email if your request has been process, please provide an email address.

FORM #1

Single Event, Individual and Group Users Liability Application

*This Application must be completed and signed by each user that requires the insurance coverage.
Please note that payment must be made to the Parish or School before coverage can be bound.*

Name of Individual or
Group User: _____

Mailing Address: _____

Complete for Special (Single) Events: - SECTION #1

Method of Payment to Church Cash ☐ Cheque ☐ Credit Card ☐

Name of Individual Arranging Event: _____

Event Contact, Telephone Number (Bus.) _____ (Res.) _____

Type of Event: _____

Estimated Number of Attendees: Number: _____ Will Alcohol be served Yes ☐ No ☐

Date of Event: _____ / _____ / _____ Rate for Event: \$ _____
mm dd yy

Provide details of event _____

Complete for all Individual and Group Users: - SECTION #2

Effective Date of Coverage _____ / _____ / _____
mm dd yy

How often does Individual or Group meet? Weekly ☐ Monthly ☐

Group Contact Name: _____ Telephone No. _____

Provide details on Group activities: _____

I/we declare that to the best of my/our knowledge, the statements set forth herein are true.

Date: _____

Signature of Applicant: _____