

---For Office Use Only---	
Deposit Date:	_____
Ck#	\$ _____

St. Mary's Hall Policies

Non Parishioners and Public Organizations

(Effective July 25, 2024).

Please Note: St Mary's Hall is a **Smoke Free Building** for all activities.

SCHEDULED EVENT: _____ DATE of EVENT: _____

Event Holder Name: _____ PHONE # _____

Mailing Address: _____

St. Mary's Hall Committee Member: _____ PHONE # _____

(The Parish Office will provide this information)

A. Church events such as Funeral Dinners and other Parish activities take precedence in St. Mary's Hall. Please be aware of this and be willing to work with the St. Mary's Hall Committee. If a conflict arises, we will do everything possible to work out an amicable solution for all parties involved.

B. Parishioners will use the Non-Parishioner form if hall is used for Profit or Business Meetings.

C. SUGGESTED DONATION TO HOLD EVENT DATE (will be deposited) \$100 \$

1. Reservation date will be held for one week, at which time, the suggested Holding Deposit check is required to confirm date.
2. Is Refundable 30 days prior to event date in case of cancellation.
3. Cleaning and Shut-down instructions will be given to user when reservations are confirmed.

D. If the event requires a liquor license, a facility coordinator is required. The cost is \$100 for the first five hours and \$20.00 per hour for each additional hour the facility coordinator works at the event. \$

E. RIDER INSURANCE FROM CATHOLIC MUTUAL \$95 or CERT. \$

Liability insurance must be secured for any private event. This includes signing a Facility Usage/Indemnity Agreement available at the parish office. The individual/business holding the event can provide a CERTIFICATE OF LIABILITY COVERAGE for \$1 million that lists Church of Immaculate Conception **and** the Diocese of Rapid City as additional insured parties or the individual/business can purchase RIDER INSURANCE FROM CATHOLIC MUTUAL as mandated by the Diocese of Rapid City. A check made payable to Church of Immaculate Conception along with the necessary forms must be returned to the parish office 20 (twenty) days prior to the scheduled event. Insurance deposit is refundable up to 2 (two) business days prior to event date in case of cancellation.

Non-Parishioners and Public Organizations

SUGGESTED DONATION

- 1. Upper level Usage (without kitchen) \$450 \$ _____
OR
- 2. Upper level Usage (with kitchen) \$600 \$ _____
- 3. Set up day (per day) Number of Days ____ @ \$200 \$ _____
- 4. Events serving alcohol \$500 \$ _____
- 5. PA system Usage \$ 25 \$ _____
 - a. Arrangements to use the PA system must be made at the time of booking the event in St. Mary's Hall.

- 6. Specialty Lights and Clouds
 - a. Require Special Programming; No access will be given.
 - b. LED colored lights with special effects are available. The event holder will meet with a technician to determine what they want for their event. LED lights can be set on a timer for 2 patterns. Please line this up with the office before your event. The event holder will meet with the technician to line up the LED lights.\$50 \$ _____

- 7. Special Effects - multiple patterns and audio coordination require a technician and an additional fee. The event holder will contact the technician and together they will determine what services they want and the amount they will pay the technician.

- 8. The technician information will be given to the event holder through the office. All patterns will be programed to end by 1 a.m. - no exceptions.

TOTAL SUGGESTED DONATION FOR ST. MARY'S HALL
Total is due one week prior to event.

TOTAL \$ _____
(ck # _____)

- 9. DAMAGE DEPOSIT – Due one week prior to event. \$1,000 \$ _____
 - a. The funds will be held up to 14 days after event for inspection time. (ck # _____)
 - b. All or part can be held for damages after inspection.

A. Alcohol Policies

NO ALCOHOL EXCEPT FROM THE LIQUOR LICENSE PROVIDER

1. As per State and City Laws and Regulations, the use and/or sale of alcoholic beverages at St. Mary's Hall requires a liquor license. Please contact the City of Winner Finance Office for further details.
2. No Keg beer or bottle beer allowed.
3. No alcohol consumption allowed outside of St. Mary's Hall on The Church of Immaculate Conception property. This includes but is not limited to alley, parking lot, the St. Martin Room, St. Joseph's Hall and adjacent properties.
4. No alcohol may be served after 12:30am & all activities must finish by 1:00am.

Event Holder Acknowledgement: Printed Name _____

Signature _____

B. Additional Policies

1. The Event Holder is required to have the St. Mary's Hall/church parking lot and all the outdoor premises cleaned up by 9:00am and the hall cleaned by 11:00am on the day following their event.
2. User must leave kitchen as clean as was prior to event. User is responsible for the caterer & liquor license provider.
3. All food items must be removed from kitchen following event.
4. All tables and chairs should be wiped off on the top and sides. Please leave tables and chairs setup. Maintenance will store them once they have been inspected.
5. Attaching decorations to walls, ceilings or floors is not permitted at any time.
Free standing and table top decorations only.
6. All damages incurred during the usage period and/or cleaning fees necessary to restore the facility to its original state will be deducted from the damage deposit.
7. Any additional expenses will be billed. Nothing owned by the parish is to be removed from the hall without prior permission from the Parish Council and/or Parish Priest.
8. The Parish Council and the Parish Priest set St. Mary's Hall policies.
9. St. Mary's Hall events booked over 18 months in advance are subject to policy changes.
10. The Catholic Daughters are available to serve Banquets, and Receptions, etc.
11. The Church of Immaculate Conception Parish and/or the Rapid City Diocese is not responsible for items left in St. Mary's Hall following the event.

* Church of Immaculate Conception Parish reserves the right to change these policies. You will be notified if changes occur.

I HAVE READ AND AGREE TO THE ABOVE POLICIES

Scheduled Event: _____ Date of Event: _____

Print Event Holder Name: _____ Phone # _____

Event Holder Signature: _____ Date: _____