

Archdiocese of Indianapolis  
St. Bridget of Ireland Catholic Church  
c/o St. Gabriel Church  
232 W. 9th St.  
Connersville, In 47331

Phone 765-825-8578

## Lease/Rent Request for St. Anthony Center

Date of Event: \_\_\_\_\_ Event Start Time: \_\_\_\_\_ Event End Time: \_\_\_\_\_

Describe the Requested Use of the Facility: \_\_\_\_\_

Will alcohol be a part of the event (circle) **\*\*Yes**      **No**      Expected# of Attendees: \_\_\_\_\_

\*\*You must obtain additional insurance by visiting:

<https://www.kandkinsurance.com/sites/Tulip/Pages/dioceseEligibility.aspx>

Insurance approx \$125

Space Requested (circle):                      **Kitchen**                      **Gym**

Organization Name (if applicable) \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Address: \_\_\_\_\_

Contact Phone: Home/Office: \_\_\_\_\_ Cell: \_\_\_\_\_

Contact Email: \_\_\_\_\_

### Check All that apply:

Registered Parishioner: \_\_\_\_\_

Not a Member of St. Bridget: \_\_\_\_\_

Renting on Behalf of a For-Profit company: \_\_\_\_\_

Fundraising Event: \_\_\_\_\_

Lease/Rent Contract:      Check(s) made payable to St. Bridget

Rent Fee                                      \$ \_\_\_\_\_

Total      \$ \_\_\_\_\_

Property Damage Deposit              \$ \_\_\_\_\_

By signing here you agree to all the policies covered on the Leasing Agreement and Facilities Use Policy

Lease/Renter Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date: \_\_\_\_\_

Agent Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date: \_\_\_\_\_