

# Mary, Mother of the Church --- Reservation and Rental Agreement

Today's Date: \_\_\_\_\_

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

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ Other (cell) phone: \_\_\_\_\_

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

Description of event activities:

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Event Date:

Date(s) needed: From - \_\_\_\_\_ to \_\_\_\_\_

Time needed: From - \_\_\_\_\_ to \_\_\_\_\_

Set-up time: From - \_\_\_\_\_ to \_\_\_\_\_

Room(s) to be used:

<input type="checkbox"/>	Parish Hall	<input type="checkbox"/>	Kitchen
<input type="checkbox"/>	Religious Education Center	<input type="checkbox"/>	Other: _____

**All renters must complete and return the attached forms along with a check for \$100 payable to MMOC for the Reservation Deposit. AND**

- Certificate of Insurance naming "Mary, Mother of the Church Parish; the Diocese of La Crosse; and Bishop William P. Callahan" as additional insureds, **OR**
- Application for Special Events Coverage insurance (Cost is \$95 per event). The Application for Special Events coverage must be received by the insurance carrier at least 30 days prior to the event and cannot be submitted more than 6 months in advance of the event. **IN ADDITION:**
- **IF** alcoholic beverages (of any type) are to be sold, special liquor liability insurance must be secured naming "Mary, Mother of the Church Parish, Diocese of La Crosse, and Bishop William P. Callahan" as additional insureds. A copy of the Certificate of Insurance must be presented to the parish two weeks prior to the event or alcohol may not be served.

Rental Fees:

- A. Parish Events and Parish Organizations of Mary, Mother of the Church (including funeral luncheons and baptism luncheons). For Category "A", there are no fees or special forms required.
- B. Registered parishioners of Mary, Mother of the Church
- C. Diocese of La Crosse and Catholic organizations (i.e. as named in the Official Catholic Directory)
- D. Not-for-Profit organizations with missions that agree with Catholic teaching

Category:	A	B	C	D
Parish Hall rental*	\$0	\$100	\$300	\$500
Religious Education Center rental*	0	100	300	500
Coffee Service	0	25	50	100
Use of Kitchen Equipment**	0	50	100	200
Use of Dishes and Silverware**	0	50	100	200

\*Rental Fee covers utilities and parish attendant for 4 hours. Any time over 4 hours is an additional \$40 per hour (any partial hour is considered a whole hour).

\*\*A caterer – to be approved by the parish – may use designated kitchen equipment for warming, holding, and serving prepared food (i.e. warming/holding oven, upright refrigerator, upright freezer, chafing/serving dishes, sinks). For additional fees, separate arrangements may be made for the use of other kitchen equipment (i.e. stove, ovens, fryers, walk-in refrigerator, dishwasher), and/or dishes, and silverware.

Rental Fees:

Reservation Deposit	Amount:	\$100	_____
Parish Hall Rental	Amount:		_____
Add'l Time over 4 hrs.	Amount:		_____
Religious Ed. Center Rental	Amount:		_____
Coffee Service	Amount:		_____
Use of Kitchen Equipment	Amount:		_____
Use of Dishes & Silverware	Amount:		_____
	TOTAL:		_____

Other Information:

Seating Request: \_\_\_\_\_

Use of TV Monitors/Microphone: \_\_\_\_\_

Religious Ed. Rooms: \_\_\_\_\_

Food/Snacks being brought in: \_\_\_\_\_

Buffet Tables/Head Tables: \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parish Representative: \_\_\_\_\_ Date: \_\_\_\_\_

**DIOCESE OF LA CROSSE, WI - 0030**  
**APPLICATION FOR SPECIAL EVENTS COVERAGE**

**Coverage Limit:** \$1,000,000 Combined Single Limit Bodily Injury and Host Liquor Liability, \$500,000 Property Damage Liability.  
Includes \$100,000 for Defense Costs for Sexual Misconduct, excluding overnight events (see below for purchase options).  
Coverage provided is per event (not per claim). **Submission of application does not bind coverage - all events are subject to approval.**

Coverage underwritten by **Nationwide Mutual Insurance Company**; Policy No. on file with C.M.G. Agency, Inc.

**Cost of Coverage: \$95 Per Event (Overnight Stays - \$125)**

**TO AVOID DELAY OR DENIAL OF COVERAGE, PLEASE ENSURE THAT EVERY FIELD IS COMPLETED.**

**Name of Parish or Institution:**

Mary, Mother of the Church

2006 Weston St.

**Street (Physical) Address (NO P.O. BOXES):**

**City/State:** La Crosse WI **ZIP Code:** 54601

**Phone No.:** 608-788-5483 ext. 3

**Lessee (Additional Insured) Information:**

Name of Sponsoring Organization or Individual Requesting Coverage

(Please Print Lessee Name(s) or Organization)

**Lessee (Additional Insured) Contact Person:**

**Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City/State:** \_\_\_\_\_ **ZIP Code:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**To receive approval notification please print e-mail(s):**

(Please Print E-mail(s) Clearly)

dherricks@stambrosefinancial.com  
finance@moclacrosse.org

**Date of Event:** \_\_\_\_\_

**Type of Special Event** (Example: wedding reception, anniv. party, etc. If it's a FUNDRAISER, be specific about what is occurring):  
\_\_\_\_\_  
\_\_\_\_\_

**Time of Event:** From \_\_\_\_\_ To \_\_\_\_\_

**Is this an overnight event?** \_\_\_\_\_  
Yes No

**Approx. Number of Participants:** \_\_\_\_\_

**Is Food Being Served?** \_\_\_\_\_  
Yes No

**Is Liquor Being Served?** \_\_\_\_\_  
Yes No

If liquor is to be sold (or cost included in ticket price) and/or a license or permit is required in order for you to serve or furnish alcohol, you must obtain LIQUOR LIABILITY coverage by separate application.

Does this event require the additional coverage? \_\_\_\_\_ Yes \_\_\_\_\_ No

**To Note:** If liquor liability coverage is NOT purchased and an alcohol related claim results, the claim will be excluded if it is determined that a liquor liability policy should have been purchased.

**DEFENSE COSTS FOR SEXUAL MISCONDUCT FOR OVERNIGHT EVENTS - \$100,000 LIMIT**

Coverage does not automatically apply for overnight events, however, you have the option to purchase this coverage by separate application. Additional charge may apply.

Do you want to apply for this coverage? \_\_\_\_\_ Yes \_\_\_\_\_ No

**ADDITIONAL CHARGES WILL APPLY FOR:**

- Events which exceed 3 days in duration (charge TBD)
- Inflatable Amusement Device (Must be pre-approved, picture required. Minimum charge of \$100 per inflatable applies; each device is underwritten; charge is determined by size and potential risk.)
- Events that exceed 1,000 in attendance (charge TBD)

**COVERAGE DOES NOT APPLY TO CERTAIN EVENTS AND EXPOSURES, SUCH AS, BUT NOT LIMITED TO:**

- Any carnival event
- Fireworks & fireworks displays
- Events involving 'BYOB' (Bring your own bottle)
- Events involving pool or lake activities
- Events involving recreational vehicles
- Rap/Hip-Hop/Alternative music (non-religious bands)
- Events organized or operated by professional promoters/performers
- Organized sporting events, including tournaments & camps (some sporting activities are allowed and must be pre-approved).
- Events where a fee or admission is charged, unless all proceeds go to charity
- Political Rallies
- Amusement rides, including mechanically operated devices, trampolines, & rebounding devices
- Claims related to an epidemic/pandemic

**COMPLETE AND RETURN FORM TO:**

CATHOLIC MUTUAL GROUP  
ATTN: MS. KRIS TWINING  
702 S HIGH POINT ROAD, SUITE 221  
MADISON, WI 53719  
FAX: (608)833-3794  
E-MAIL: ktwining@catholicmutual.org