



EVENT

ORGANIZATION:

EVENT NAME:

NUMBER OF PARTICIPANTS:

DATES REQUESTED:

From: To:

HOURS REQUESTED:

From: To:

USE OF PARISH EQUIPMENT (BE SPECIFIC):

CONTACT

PERSON RESPONSIBLE:

PHONE (Please provide area code):

EMAIL:

MAILING ADDRESS:

CITY:

STATE:

ZIP CODE:

PROOF OF INSURANCE ATTACHED: Yes No **(1) Attach Proof (2) See guidelines for special event insurance coverage**

PRINT NAME:

TITLE:

SIGNATURE:

DATE:

PARISH RULES ACKNOWLEDGED:

Yes No

THE UNDERSIGNED HEREBY REQUESTS PERMISSION TO USE THE (BE SPECIFIC):

For and on behalf of the organization listed above. It is understood that the organization and person signing this application will be responsible for maintaining the cleanliness of the area used, will not restrict the flow of traffic (pedestrian or vehicular) on said property, and will indemnify the owners of Roman Catholic Church in the State of Hawaii. Your authorization indemnifies from any and all claims for death, personal injury, and property damage, including reasonable attorney's fees and court costs arising from the use by the undersigned of the property. It is further agreed that the permission to be on said property may be withdrawn by the owners or their duly authorized agent at any time without prior notice.

PARISH SCHOOL APPROVAL:

PASTOR / PRINCIPAL SIGNATURE:

DATE SIGNED:

DATE APPROVED: