

St. Joseph Church

309 Avenue F

Matamoras, Pa 18338

Event Date\_\_\_\_\_

Time of the Event\_\_\_\_\_. Please note Saturday rental must be over by 3:00 PM. No Saturday evening usage. Sunday is limited to 2:00 PM to 5:00 PM.

I/We \_\_\_\_\_request the rental of Multi-Purpose Room, the attached kitchen, the bathrooms located just outside the room. You will use the side entrance doors and the rear doors closest to the parking lot.

Rental fee is \$100.00(one hundred dollars) for a 3 hour period, the renter agrees to pay for all the damages to equipment, building and property incurred during your event. A deposit of \$50.00(fifty dollars) is required and returnable if the facility is left in a satisfactory condition including the parking area. A walk thru will be used to monitor this aspect.

Either a certificate of insurance is required or you can purchase insurance thru the Diocese, see attached.

Smoking is not allowed in the facility.

Firearms or weapons are not permitted on the property.

Please be aware this is a worship site and your conduct should be reflective of the same.

Children must be supervised, considerate of other guest and the facility.

Parish activities, services and special events take precedence to the above time of usage.

Pastor's Signature \_\_\_\_\_

Renter's Signature \_\_\_\_\_

Renter's Printed Signature \_\_\_\_\_

Renter's Address \_\_\_\_\_

\_\_\_\_\_

Renter's Phone \_\_\_\_\_

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I/We \_\_\_\_\_request the rental of the downstairs Church hall, the attached kitchen, and the bathrooms located upstairs. You will use the rear entrance doors closest to the parking lot.

Rental fee is \$200.00(two hundred dollars) for a 3 hour period, the renter agrees to pay for all the damages to equipment, building and property incurred during your event. A deposit of \$50.00(fifty dollars) is required and returnable if the facility is left in a satisfactory condition including the parking area. A walk thru will be used to monitor this aspect.

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Pastor's Signature \_\_\_\_\_

Renter's Signature \_\_\_\_\_

Renter's Printed Signature \_\_\_\_\_

Renter's Address \_\_\_\_\_

\_\_\_\_\_

Renter's Phone \_\_\_\_\_

**Diocese of Scranton**  
**Insurance Program – “Special Events Coverage”**

**Please Complete ALL information on this Form**

Name of Parish/Contact Person: \_\_\_\_\_

Parish Address: \_\_\_\_\_

Name of Sponsoring Organization or Individual Requesting Coverage (Additional Insured)  
\_\_\_\_\_

Type of Event (Wedding, Bazaar): \_\_\_\_\_

Date of Event: \_\_\_\_\_ Time of Event: \_\_\_\_\_

Contact Person, Address, City, Address, Phone: \_\_\_\_\_  
\_\_\_\_\_

Is Liquor Being Served?  Yes  No  
If yes, waiver must be signed

Is Food Being Served?  Yes  No

Estimated No. of Attendees: \_\_\_\_\_

**Notification of an Event must reach Diocese Office at Least 24 hrs. in advance of the Event.**

“Special Events” Coverage Carrier:	Great Divide Insurance Company	
Cost of Coverage:	Class 1 \$100 for 1-100	<input type="checkbox"/>
	Class 1 \$120 for 101-500	<input type="checkbox"/>
	Class 1 \$175 for 501-1,500	<input type="checkbox"/>
	If other Than Class 1 Refer to Attached Schedule	<input type="checkbox"/>
Limit of Liability:	\$1,000,000, including host liquor liability	

Complete and return this form with Payment to:  
Sharon Porcello  
[Sharon-Porcello@dioceseofscranton.org](mailto:Sharon-Porcello@dioceseofscranton.org)  
300 Wyoming Avenue  
Scranton, PA 18503

**Make check payable to: Diocese of Scranton**

\_\_\_\_\_
Date of Event

RE: Diocese of Scranton
Insurance Program Special Events Coverage

Please confirm with your signature below that this celebration involving consumption of Adult Beverages will be limited to those attendees over 21 years of age and that consumption by those under 21 years age will be strictly prohibited.

Very truly yours,

X \_\_\_\_\_
Signature Date

Printed Name \_\_\_\_\_

Name of Organization \_\_\_\_\_

Form must be included with application.