

Our Lady of the Black Hills

12365 Sturgis Road, Piedmont, South Dakota 57769-2007 olbh@olbh.org (605) 787-5168

POLICIES FOR USE OF OUR LADY OF THE BLACK HILLS HALL AND KITCHEN

A. Fees for Use

If you are a registered parish member, there will be no fees but policies and procedures will apply.

Use of Our Lady of the Black Hills (OLBH):

100.00
150.00
100.00
100.00
50.00
100.00

(Plus a \$50 refundable deposit for each room used)

Insurance:

If this is a non-parish event you will be required to purchase event insurance from the parish at the rate of \$95/day. If your organization has insurance and you can produce a certificate of insurance, this fee will be waved.

B. Supervisors

A member of the staff or assigned parishioner with knowledge of the kitchen will inspect the set-up, clean-up and closing.

C. Additional Policies

Cost of breakage and repair, for dishes, chairs, tables, equipment, etc., shall be the responsibility of the group using the facility.

Wash all linens used. Please return within I week.

Please clean rooms after use, including emptying the garbage cans and taking garbage to the dumpster. No garbage is to be left on the ground around dumpster.

Make sure all lights are turned off, all doors are locked, and all windows are shut.

Hall "set-up" information is required in writing at least one month prior to the event. All advertisement for the event must be reviewed with OLBH parish staff at least *one week prior to being published or posted*.

User does not answer OLBH phones, local calls going out are permissible; however, incoming calls for user should go to the user's cell phone(s).

OUR LADY OF THE BLACK HILLS USE AGREEMENT

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Name o	of Person, Grou	ıp or Organi	zation				
Names	of responsible	individuals	in charge o	of group:			
					Phone:		
					Phone:		
Date Requested: Times:							
Purpose	e of Use:				E-mail addres	ss:	
Facility	Use:						
	Large Classroom Classrooms Insurance	Fee: \$150 Fee: \$100 Fee: \$100 Fee: \$100 Fee: \$100 Fee: \$100 Fee: \$50 Fee: \$95 Total Rent	Y / N	 Total D Date:_		Refund: Refund: Refund: Refund: Refund: Refund: Refund: Total Refund By:	- - - - -
	Keys Returned	d	Y / N	Date:_		By:	-
	Refund Return	ned	Y / N	Date:		By:	_
event. Taccident permitte event of should	The deposit is so thats or injury and ed within the f	subject to ret d retains the acility. OLF in appliance(mmediately.	urn if all c right to res BH reserve (s) breaks c	conditions are in fuse use of its as the right to condown or other	net satisfactori facilities to any hange the time	of \$ <u>N/A</u> is required to he ly. OLBH will not be lay group or individual. Notes or dates of scheduled with facility or equipment	iable for any No smoking is activities in the
2.0		say 51		, _~			
Signature of User				OLBE	I Authorized S	ignature	