

ALCOHOLIC BEVERAGE SERVICE CONTRACT

SACRED HEART CATHOLIC CHURCH
1609 N. SUMMIT
SPRINGFIELD, MISSOURI 65803

Name of Renter: _____

Date of Event: _____

Time of Event: From _____ Until _____

Time of Alcohol Service: From _____ Until _____

Type of Event: _____

Name of Bartender(s): _____

Name of Monitor(s): _____

(If different than the Bartender(s). Refer to paragraph 5 of the "Additional Rules for the Use of Alcoholic Beverages")

Type(s) of alcoholic beverages to be served (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Keg Beer | <input type="checkbox"/> Canned/Bottled Beer |
| <input type="checkbox"/> Wine | <input type="checkbox"/> Liquor |
| <input type="checkbox"/> Other (specify): _____ | |

Location for Distribution of Alcohol: _____

Signature of Renter: _____ Date: _____

The Renter agrees to fully comply with the Sacred Heart "Parish Hall Rental Policy" as well as the "Additional Rules for the Use of Alcoholic Beverages" of which I acknowledge by my signature, that I have received a copy of, read, and understand.