



DONNELLY COLLEGE

608 North 18th Street | Kansas City, KS 66102 | www.donnelly.edu

Thank you for your interest in using meeting space at Donnelly College.

Enclosed are the Activity Form, Room Set-Up Form, and Application for Special Events Coverage. The three forms must be completed in their entirety and returned to the Registrar's Office at Donnelly College, along with payment, **no later than 2 weeks prior to the event.**

Required fees are:

Room Rental Charge (varies according to size of the room; see schedule of room rates on our web site)

Non-Refundable Deposit (\$25 for Monday – Friday; \$50 for Saturday)

Insurance fee of \$95/event payable to the Archdiocese of Kansas City in Kansas (can be waived w. faxed proof of \$1,000,000 liability insurance coverage listing Donnelly/Archdiocese of Kansas City in Kansas as additional insured).

These forms, along with payment by check or credit card, may be mailed to:

Registrar
Donnelly College
608 N. 18th St.
Kansas City, Ks. 66102

They may also be faxed with credit card payment to: (913)621-8743.

They can be processed in person in room 122 at Donnelly College.

If you must cancel your event, contact the Registrar's Office at (913)621-8733 or by e-mail to nancy@donnelly.edu or amber@donnelly.edu.

**ARCHDIOCESE OF KANSAS CITY, KS-005
APPLICATION FOR SPECIAL EVENTS COVERAGE**

Name of Parish or Institution:

Date of Event: _____

NOTE: CATHOLIC MUTUAL MUST RECEIVE APPLICATION AT LEAST 15 DAYS PRIOR TO EVENT. DO NOT SUBMIT APPLICATIONS MORE THAN 6 MONTHS IN ADVANCE.

Donnelly College

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

806 N 18th St

City/State: Kansas City, KS ZIP Code: 66102

Phone No.: 913 621 8722

Type of Special Event (Example: wedding reception, anniv. party, etc. If event is a fundraiser, please be specific about what is occurring):

Lessee (Additional Insured) Information:

Name of Sponsoring Organization or Individual Requesting Coverage

(Please Print Lessee Name(s) or Organization)

Time of Event: From _____ To _____

Approximate Number of Participants: _____

Lessee (Additional Insured) Contact Person:

Name: _____

Street Address: _____

City/State: _____ ZIP Code: _____

Telephone: _____

Is Liquor Being Served? _____
Yes No

Is Food Being Served? _____
Yes No

**PLEASE BE SURE TO COMPLETE EACH REQUIRED FIELD IN THE TOP PORTION OF THIS FORM.
FAILURE TO DO SO MAY RESULT IN A DELAY OR DENIAL OF COVERAGE.**

The Special Events coverage provides \$1,000,000 Combined Single Limit Bodily Injury, Property Damage, and Host Liquor Liability coverage per event (not per claim).

This coverage is underwritten by Great American Assurance Company, Policy No. on file with C.M.G. Agency, Inc.

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

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

- * Sporting events including tournaments & camps
- * Amusement rides, including mechanically operated devices, trampolines, & rebounding devices
- * Events where a fee or admission is charged, unless all proceeds go to charity
- * Events with attendance of more than 1,000 persons
- * Events involving pool or lake activities
- * Events involving 'BYOB' (Bring your own bottle)
- * Any carnival event
- * Fireworks & fireworks displays
- * Events organized or operated by professional promoters/performers
- * Events which exceed 72 hours in duration
- * Events involving recreational vehicles
- * Political Rallies
- * Inflatable Amusement Device (unless pre-approved/flat charge of \$250 applies)

**NOTIFICATION OF AN EVENT MUST REACH CATHOLIC MUTUAL
AT LEAST 15 DAYS IN ADVANCE OF THE EVENT.**

★ **SUBJECT TO APPROVAL BY C.M.G. AGENCY, INC.** ★

Please make check payable to: Archdiocese of Kansas City, KS

ACTIVITY FORM

Today's Date: _____ **Please Print Clearly.** **Each section must be completed.**

Organization Name: _____

Contact Person: _____

Type of Event: _____

Date of Activity: _____ Alternate Date: _____

Number of People Expected: _____

Please use the Activity Application to specify how you would like the room set-up.

Non-refundable \$25 deposit (Monday-Friday) or \$50 deposit (Saturday).

Insurance fee of \$95/event payable to the Archdiocese of Kansas City in Kansas (can be waived with faxed proof of \$1,000,000 liability insurance coverage listing Donnelly/Archdiocese of Kansas City in Kansas as additional insured).

Please check box for the room that you would like to reserve:

- | | |
|--|---|
| <input type="checkbox"/> Meeting Room (Chapel) - \$75.00 Fee | <input type="checkbox"/> Smart Classrooms - \$75.00 Fee |
| <input type="checkbox"/> Cul-de-Snak - \$75.00 Fee | Total Payment: _____ |
| <input type="checkbox"/> Classrooms - \$50.00 Fee | |

Office hours: M-F, 8:30AM– 4:30PM (August – May); MTWR, 8AM – 5PM (June – July).

Method of Payment: Cash Check Credit Card

If Paying by Credit Card

Card Holders Name: _____

Account Number: _____

Security Code (3 digit number on back of card): _____

Expiration Date: _____

Type of Card: _____

Billing Address: _____

Room Set-Up Form

Each section must be completed. Please Print Clearly.

Organization Name: _____

Address: _____

City: _____ State _____ Zip Code _____

Contact Person: _____

What electronic equipment do you require? _____

Time Requested From: _____ To: _____

Please circle one: Tables & Chairs Or Chairs Only (auditorium style)

Quantity: Tables _____ Chairs _____ Number of Chairs _____

Meeting Room Set-Up:

Room Dimensions with stage 33' x 48'

Stage is: 33' x 15'

Please include a diagram/drawing.



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Room/Building Usage Rules

1. Smoking is not permitted inside or in front of the building. Designated smoking areas are located on the northeast side of the building.
2. Gather trash together and place in trash containers.
3. Please leave the room as you found it in its original condition.
4. No food or drinks are allowed in classrooms.
5. The College does not provide food or beverage service. Any food or beverage needs are the sole responsibility of the sponsoring organization.
6. On the scheduled day of your activity you cannot move your event to another room.
7. Please have clearly visible signs and/or a person from your organization available to greet and assist persons attending your meeting. Remove all signs after the event.
8. If your activity takes place outside of normal Donnelly hours, you will be required to pay additional for security to open and close the building.
9. If you require assistance or have questions while using the facility, please contact, our maintenance/security department at (913) 433-3350.
10. There is a free phone in the Cul-de-Snack area located on the ground floor. Dial 9 to get an outside line.