



Event Date(s): _____ Number of Attendees: _____

Organization: _____

Organization Address: _____

Contact Name: _____

E-Mail Contact: _____ Phone: _____

Purpose of Function: _____

Arrival Time: _____ Event Time: _____

Departure Date: _____ Departure Time: _____

MOTHERHOUSE MEETING AREAS

Location	Suggested Capacity	Suggested Donation
Chapel	Private & Communal Prayer	By arrangement
Auditorium	160 guests	\$200
Chapel Courtyard	150 guests	\$300
Dining Room		
Main Dining	200 guests	\$200
South Dining Area	30 guests	\$100
Rosary Building (temporarily closed due to construction)		
Large Parlor	25 guests	\$150
Small Parlor	15 guests	\$80
Spirit Center	6 guests	\$75
Library Building		
Administration Conference Room	20 guests	\$150
St. Catherine Conference Room	12 guests	\$100
Dominican Center		
Lobby	15 guests	\$150
Courtyard	35 guests	\$150
Assembly Room	215 guests	\$500
Main Assembly and Center Courtyard	250 guests	\$600
West Assembly Room	50 guests	\$300
West Assembly Room and Center Courtyard	85 guests	\$325
Dominican Atrium		
St. Joseph Conference Room	13 guests	\$100
Arts Activity Room (2)	20-25 guests	\$100/\$200
Wellness Room	35 guests	\$150
Patio	55 guests	\$100
Exercise Room	25 guests	\$125
Therapy/Resistance Pool		By arrangement
Motherhouse Grounds		
Chapel Lawn	50 guests	\$50
Southwest Lawn	200 guests	\$100
On-campus Shuttles	6 per cart	By arrangement



FOOD SERVICE (menu based on chef's selection)

Meals	Cost per person	Check	Meal(s)	Date(s) Requested
Continental Breakfast	\$3.50			_____
Breakfast	\$6.00			_____
Brunch (by arrangement)	\$9.00			_____
Lunch	\$9.00			_____
Mid Afternoon Snack	\$2.50			_____
Dinner	\$12.00			_____

Dietary food requests and list of restrictions:

FACILITY SETUP

Describe your needs including set up of tables and chairs:

Media Equipment by arrangement; technician is not included. Available equipment includes projector, large flat screens, microphones, headsets and monitors. Guest internet access is available.

Please describe your media and presentation needs:

Signature of Responsible Party

Date

A Motherhouse Reservation Specialist will contact you to finalize deposit, event and media needs.



RESERVATION AGREEMENT

By signing this **Reservation Agreement**, I understand and agree to the **Motherhouse Policies** regarding use of campus rooms, outdoor areas, facility setup and food service guidelines. All guests and organizations are informed and agree to follow these policies. We endeavor to honor all reservations but infrequent, unexpected room changes can occur. These will be discussed with you prior to your event.

Our non-refundable deposit of **\$75** is included with this **Reservation Agreement** form.

Event Reservation Completed: YES NO

Room Reservation Completed: YES NO

Date of Event: _____

Date of Overnight: _____

Purpose of Function: _____

Name of Guest/ Organization: _____

Responsible Party Signature: _____

Phone: _____ Email: _____ Date: _____

Motherhouse Administrator Signature: _____

Phone: _____ Email: _____ Date: _____

A technology request form will be emailed to you and is due back 8 days prior to your event. A copy of this agreement will be sent to you for your files.