



Diocese of New Westminster

ANGLICAN CHURCH OF CANADA

1410 Nanton Avenue, Vancouver, BC V6H 2E2

FORM #1

**Single Event, Individual and Group Users Liability Application for
ANGLICAN DIOCESE OF NEW WESTMINSTER**

*This application must be completed and signed by each user that requires the insurance coverage.
Please note that payment must be made to the Parish before coverage can be bound.*

Parish Name: **St. Hilda's Anglican Church – Sechelt**

Name of Individual or Group User: _____

Mailing Address: _____

SECTION #1 -- Complete for Special (Single Events)

Name of Individual Arranging Event: _____

Event Contact, Telephone Number: (Bus.) _____ (Res.) _____

Type of Event: _____

Estimated Number of Attendees: _____ Will Alcohol be served? ☐ Yes ☐ No

Date of Event: _____ / _____ / _____ Rate for Event: \$ _____
mm dd yy

Provide details of event:

SECTION #2 – Complete for all Individual and Group Users

Effective Date of Coverage: _____ / _____ / _____
mm dd yy

How often does Individual or Group meet? ☐ Weekly ☐ Monthly

Number of Attendees: _____ Rate for Season: \$ _____

Group Contact Name: _____ Phone: _____

Provide details on Group activities:

I/We declare that to the best of my/our knowledge, the statements set forth herein are true.

Date: _____ Signature of Applicant: _____

Method of Payment to Church: ☐ Cash ☐ Cheque ☐ Credit Card ☐ E-Transfer