



Event Scheduling & Facility Use Request

Description of Event: _____ _____
Date(s)/Day(s)/Time: _____
Event Location: _____ (If Church facility please fill out Facility Use Section)
Event Sponsor: _____
Person(s) Responsible for Event : _____
Address: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
E-mail Address: _____

Facility Use Section

(Which rooms are being requested? *(If Sanctuary, please specify if Stage will be used, as well)*)

(Groups not representing ORC's ministries are requested to set up requested space as needed and leave it ready for the next user, unless other arrangements are made.)

Please Diagram the room set-up you are requesting in the space provided below:
(subject to approval and availability of equipment.)

Food will be served: Yes ___ No ___ If yes, describe: _____

The kitchen will be needed: Yes ___ No ___

Caterer (if applicable): _____ Phone: _____

Total number of people anticipated: _____ Open to the public? Yes ___ No ___

Number of Children expected: _____ Do you need a nursery room? Yes ___ No ___

An attendance charge will be collected: Yes ___ No ___

If yes, please explain its purpose: _____

A product or service will be offered for sale: Yes ___ No ___

If yes, please explain: _____

Special Equipment Needed: _____

(microphone, projector, TV/VCR/DVD, etc.)

Sound System: Have you lined up an audio technician? Yes ___ No ___ N/A

If yes, Identify technician: _____ Phone: _____

Tables needed: Yes _____ (Number) No ___ Seating: _____ (Number)

Person responsible for opening/closing and security: _____

Person responsible for clean up of facility: _____

Agreement: Should this request be approved, I agree on the behalf of the organization I represent, or individually, if I am personally asking to use the facility, to assume responsibility for the security of the building and safety of participants during the specified event. I will submit any promotional material **prior to distribution** to the Church Office for approval. Additionally, I/we will pay the applicable use fees for use of the facility and Oak River Church's services. Should there be any change in plans, I will promptly contact the church office and advise the office of any changes.

Signature of Applicant: _____ Date: _____

Administrator's Comments: _____

Use Fee? Yes ___ No ___ Certificate of Insurance required? Yes ___ No ___

Signature of Administrator: _____ Date: _____

Event Approval? Yes ___ No ___ N/A ___

Signature of Elder: _____ Date: _____

Office Tracking:

Entered on Calendar: _____ Nursery Guidelines Sent: _____ Use Paid Fee: _____

Key Needed: _____ Key Returned: _____ Lost Key Fee \$ _____