

OCC Member Facility Use Request

Please read OCC's Facility Use Guidelines before completing this form Note: OCC Facilities are NOT available to For-Profit and/or Political Organizations.

Name:			
Address:			
Street	City	State	Zip Code
Phone No.:			
Email Address:			
General Information			
Event Title:			
Event Purpose:			
Describe the nature of this event (birthday,	concert, conference, fe	stival, worship	service, etc.
When			
Event Date(s):			
Event Start Time:	Event End Time:		
Time required for: Set Up: Hrs Mins Tear	Down: Hrs	Mins	
General Facility Needs			
How many people do you anticipate attend	ing?		
Note: If you need to use the kitchen, it mus	t also be reserved.		

Equipment Needs

Please indicate any of the following	items that may be needed:
Tables (number needed)	
Round (seat $6-8$)	
Rectangular	
6 ft.	
8 ft.	
Bistro	
Seminar	
Chairs (number needed)	
Portable Projector & Screen	
Portable Audio System	
Lapel Mic	
Hand Held Mic	
Mobile White Board	
TV	
DVD Player	
Please submit this form, along with	the attached Affirmation, to the OCC Facility Coordinator at:
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FACILITY REQUEST FORM AFFIRMATION

I affirm that:

- 1. I understand that OCC's facilities, property and equipment may only be used for purposes consistent with the Church's doctrinal beliefs as reflected in the Bible and the Church's Statement of Faith, including its Wedding Guide.
- 2. To the best of my knowledge, my intended usage does not conflict with OCC's doctrinal beliefs or practices, and I commit to promptly disclose any potential conflict of which I am aware or become aware to church staff.
- I am not aware of any beliefs that are professed by me that conflict with OCC's religious teachings as reflected in the Bible and the Church's Statement of Faith, including its Wedding Guide. I agree to promptly disclose any potential conflicts to the church staff.
- 4. I have read and understood the OCC Facility Use Guide and agree to abide by the rules set out therein.
- 5. I understand that I will be responsible for any damages to the church facilities and/or equipment resulting from this proposed use of the facilities.
- 6. I understand that upon approval of my facilities use request, I will need to provide a deposit of \$50 within five (5) business days, and the balance, if any, will be due two weeks prior to the event.

Signature:		
Printed Name:		
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Date:		