

# **Facility Use Request Non-Profit Organizations**

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 of Organization:			
Address:			
Street	City	State	Zip Code
Primary Contact:			
Phone No.:			
Email Address:			
Secondary Contact:  Required Information			
Required Information			
Phone No.:			
Email Address:			
If the requested use is by a Non-Profit Organization nather organization's purpose and mission:	ot affiliated wi	th OCC, plea	se briefly state
Please list the names of the organization's office-hold	lers and leade	rs:	
Please list any websites or location of detailed inform references, doctrinal statements, etc. regarding the o		•	

Please submit proof of your non-profit status with this Form. Upon approval of the event, you will be required to submit a Certificate of Insurance coverage, naming OCC as an additional insured.

## General Information Event Title:

Event rue.			
Describe the nature of this event (concert, conference, festival, worship service, etc.)  Is this a ticketed event? Yes No			
			If Yes, what are the ticket prices and how will they be sold?
			How will it be promoted?
Who is the target audience?			
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 attending?			
Space needed:  Do you need one large gathering space and/or smaller breakout rooms.			
Large Gathering Room(s)—How many?			
Smaller Breakout Room(s)—How many?			
Note: If you need to use the kitchen, it must also be reserved.			
How many exhibitor spaces are needed? (an exhibitor space is equal to a 6 x 10 footprint with			
an 8-foot table):			

### **Equipment Needs**For Main Auditorium skip this section and proceed to next page

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	
Are there media elements that requ	uire the use of the video screens (graphics, lyrics, etc.)?
Is there a desire to use video came	eras for image magnification?
Are there any specific lighting need	ds?

### Main Auditorium – Audio/Stage/Video/Lighting Needs

Please describe the nature of the presentation elements and what kind of audio needs are necessary? (# of mics, instruments, monitors, etc.)		
How much clear space is needed on the stage?		
Are there media elements that require the use of the video screens (graphics, lyrics, etc.)		
Is there a desire to use video cameras for image magnification?		
Are there any specific lighting needs? If so, please describe.		

Please submit this form, along with the attached Affirmation, to the OCC Non-Profit Event Scheduler at:

nonprofitevent@okolonacc.org



#### **FACILITY REQUEST FORM AFFIRMATION**

#### I, on behalf of the Organization that I represent, 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 organization's 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.
- 3. I am not aware of any beliefs that are professed by me or by my organization 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.
- 7. I understand that I will need to provide a Certificate of Insurance naming OCC as an additional insured.

Name of Organization: _	
Signature:	
Printed Name:	
Title:	
Date:	