

Facility Use Form

Contact Name: _____ Phone#: _____

Date of Event: _____ Arrival Time: _____ Event Time: _____ Departure Time: _____

Do you need time to decorate/set-up? Yes No Date: _____ Begin Time: _____ End Time: _____

Which Area(s) will you be using? (check all that apply)

<input type="checkbox"/> ORC Fellowship	<input type="checkbox"/> Hall	<input type="checkbox"/> Room	<u>Main Building Rooms</u>
<input type="checkbox"/> ORC Kitchen	<input type="checkbox"/> Multi-Purpose	<input type="checkbox"/> Parlor	<input type="checkbox"/> Parlor Kitchen
<input type="checkbox"/> ORC Gym			

What equipment will you be using? (check all that apply)

<input type="checkbox"/> Projector	<input type="checkbox"/> Sound System	<input type="checkbox"/> ORC Only	<input type="checkbox"/> ORC or Main Building
<input type="checkbox"/> CD Player	<input type="checkbox"/> Microphone	_____ Buffet Pullouts (ORC only)	
<input type="checkbox"/> TV/DVD player		_____ 60in Round Tables	

If you require a special layout for your event, please provide a brief diagram to show where you would like to have your tables placed.

Gymnasium	
Fellowship Hall	Kitchen

Parlor Kitchen	Multi-Purpose Room
Parlor	

Guidelines:
 We are happy to offer our facility free of charge. **Please adhere to the dates and times that you have listed on this form as we often have multiple events per day.** Please help us keep our cost down and the continued use of our facility available by following these simple guidelines.

1. Take trash out / Replace liners.
2. Clean and vacuum all areas used thoroughly. *(The vacuum in ORC is located inside the kitchen door)*
3. Take all left over food with you or throw it away.
4. Put up all tables and chairs in closets *(except for 6 tables in the Fellowship Hall)*
5. Turn off all lights when you are done.
6. Lock the building & set the alarm.
7. Bring keys back during office hours on the next business day.

Key# _____ Alarm Code _____ Check-Out Date _____

Signature: _____ Date: _____

Office Signature: _____ Date: _____

Pastors Signature: _____

Date: _____