Facilities Use Request Form

Otter Creek Church of Christ • 409 Franklin Road • Brentwood, TN 37027

Phone: 615-373-1782 • Fax: 615-373-9003

Event:	Ev	vent Date	Start & End Time:	
Contact:		Email:		
Home phone:	Cell phone:		Work Phone:	
Group or Ministry:			Number expected to attend:	
after this signed agree		deposits are recei	ed until 2 months prior to the date of the event and ived by the Communications Coordinator. ficate of insurance.	d only
Time and duration needed (allow ti	me for set up and cle	an up):		
Rooms to be used (or type of spac	e needed):			
Equipment needed (set-up may no	t be provided):			
Is a sound technician required?	Additiona	l fees will apply t	to non-OC events. Call for more informatic	n.
Will food or drink be served? If ye	s, describe:			
Is this a fundraiser? If so, be	enefiting what organiz	ation?		
Will children be present?	If yes, the church	's Child Protectic	on Policy must be signed. Please request a	сору.
If a church shower, have you read	the letter regarding C	C church-wide	showers? If not, <i>please request a</i>	сору.
as good or better condition	<i>than found.</i> I under I understand that fa	erstand that app	nd agree to leave all equipment and facil proval of this request carries with it certa may result in forfeit of all or part of my de I:	in
Remove all belongings and	d <u>take trash to the du</u>	<u>mpster</u> behind C	Creekside.	
—	•	•	, mop, wipe restroom vanities, remove trash	, etc.).
		the Facilities Us	e Policy and the Kitchen Checklist.	
 Return furnishings to origin Set up for next use as follows 				
$\Box \underline{\text{Turn off lights}} \text{ and lock door } $				
l agree to the above and have	e also received a co abide by the req		wing which pertain to this event and agro ined in each:	∋e to
Kitchen Checklist Child Protectio	n 🗆 Wedding 🗆 Ca	atering Nurse	ery Playground Gift Shower Letter	
signature of responsible party			date	
For Office Use:				
Approved by: Data	ate approved			
Church Event Member Member		on- Member eve	nt	

Usage Fee: _____ Refundable Deposit: _____ Technician Fee: _____ Cleaning Fee: _____

Total Amt. Paid ______ Date paid _____ Certificate of Insurance rec'd _____