

Community Church at Ocean Pines

a United Methodist Church

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Application for Facility Use

Activity Information:

Activity: _____

Facility Requested: _____

WILL THIS USE BE?

One Time: Date of Event: _____

Ongoing : Start Date: _____ End Date: _____ Day(s) of week: _____

Start Time: _____ End Time: _____

Number of people expected: _____

*Number of Tables Needed: _____ (Tables will seat up to 8 persons per table)

*Number of Chairs needed: _____

Special Equipment/ Requirements Requested: _____

*Setup and takedown by staff is available at additional fee (see Guidelines), otherwise it is the responsibility of the user.

Group Information:

Organization Name: _____

Responsible Party: _____

Address: _____

Telephone: _____ e-mail: _____

Contact Person for Group (if other than Responsible Party): _____

Address: _____

Telephone: _____ e-mail: _____

Check all that Apply:

- Church Member/Organization
- Not a Church Member
- Ocean Pines Community Organization
- Non-Profit Organization
- For Profit Organization

Agreement:

I have read the conditions outlined in the "Facility User Guidelines" Form and agree to abide by same, and to make every effort to insure our guests do likewise, if we are permitted the use of these Facilities.

Signature

Date

For Use by Church Office:

A Certificate of Liability Insurance Form is Required: Yes No If Yes, Date Form Received _____

Request Approved by Office Activity Placed on Calendar (by) _____ (Date) _____

Request approved by Board of Trustees: Yes No Date: _____

Key Required (ongoing usage) Yes No If Yes, key deposit (\$50.00) paid (Date) _____

Total Fee: _____ Deposit: _____ Date: _____

Balance Due: _____ Date: _____