

OROVILLE FIRST UNITED METHODIST CHURCH

45 Acacia Ave Oroville, 95966 530-534-9455 ofumc@1stunitedmethodist.org

APPLICATION FOR USE OF FACILITY FOR NON-MEMBER

APPLICANT/ORGANIZATIO	N NAME	
ADDRESS		
PHONE NUMBER	EMAIL	
EVENT		
ESTIMATED ATTENDANCE		
DATES/TIMES DESIRED	OR REHEARSALS, DECOR, AND/OR EXTRA DAYS THAT AF	RE NEEDED CUT OFF TIME 10:00PM
DATES/TIMES DESIRED		
☐ Sanctuary \$150.00-1st 6hrs	☐ Nursery \$75-1st 6hrs	☐ Organist (\$75)
(\$50 each addn hour)	(\$30 each addn hour)	☐ Dishwasher(\$15/hr)
☐ Sanford Chapel \$25.00 -1st 6hrs	☐ L & M \$120-1st 6hrs	☐ Trustee to Open/Close
(\$10 each addn hour)	(\$50 each addn hour)	facilities (\$15/hr)
☐ Social Hall \$200.00 -1st 6hrs	□Classrooms \$75-1st 6hrs	☐ Audio (Negotiable)
(\$75 each addn hour)	(\$30 each addn hour)	☐ Video (Negotiable)
☐ Kitchen \$100.00 -1st 6hrs	☐ Pastor (Vary)	□ _{Other}
(\$30 each addn hour)	☐ Custodian (\$75)	$\square_{\text{Heat-A/C}}$ (\$100 day)
DEPOSIT\$150.00	Check or Cash	Date
QUOTE	PAYMENT DUE	
TOTAL FEE	DATE PAID	
APPROVED BY	PRINT NAME	
	PHINI NAME	
ASSIGNED TRUSTEE		
	(FOR PASTOR/TRUSTEE USE)	

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