**Individual or Organization Submitting Request**:

**Contact Person #1**:

Phone Number(s): Email:

Address:

**Contact Person #2** (optional):

Phone Number(s): Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:

Are you a member of Oakwood?
Yes No

If you are a church member, will you be using the facility for a church ministry or church activity?
Yes No

Who referred you to Oakwood Presbyterian Church or how did you hear about our facility?

**Activity/Event:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Number of People Attending:** \_\_\_\_\_\_\_\_\_\_\_

Description:

Will money be collected in the form of admission, donations, or the sale of merchandise? \_\_\_\_\_\_\_\_\_\_If yes, please describe:

**Day(s) and Time(s) of Facility Request:** (add additional sheet if needed.)

Day of week: Time(s): Frequency:

Day of week: Time(s): Frequency:

**Rooms Requested:**

Put a checkmark next to the facility requested:

* Large Classroom (13-40 people)
* Medium Classroom (7-12 people)
* Small Classroom (1-6 people)
* Kitchen (for serving only)
* Sanctuary (over 40 people or special use)
* Gathering space (only church-wide activities)
* Conference room (located in the Oakwood office)
* Lawn adjacent to building
* Other

**Equipment Requested:** (See page 3. User is responsible for setup, cleanup and return of equipment)

Folding Chairs (number needed):

Tables (number and type needed):

Sound system (rental requires payment/cost of A/V staff)

A/V equipment (List items needed: Equipment needed):

Other (please explain)

**Storage Space Requested:** (limited availability, extra fees may apply.) Please describe items to be stored.

**Name and contact information of officiating minister** (weddings and funerals)

Name: Phone:

Address: Email:

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have received and read the Oakwood Presbyterian Facility Use Policy Statement and accept responsibility for meeting the requirements stated therein. I understand that I may not transfer these rights to any other individual, group, or organization. Oakwood Presbyterian Church reserves the right to reschedule or cancel in the event of unforeseen circumstances.**

Signature: Date:

Return Application to:

**Oakwood Presbyterian Church**

**1865 Waddle Rd.**

**State College, PA 16803**

814-238-5442

Note: The person/organization may not sublet or transfer these rights or privileges to any other individual(s), group, or organization. Oakwood Presbyterian Church reserves the right to reschedule or cancel in the event of emergencies or unforeseen circumstances.

**OAKWOOD PRESBYTERIAN CHURCH USE ONLY**

Date application received: Date application reviewed:

Oakwood Presbyterian Church has

* APPROVED
* NOT APPROVED
* APPROVED WITH THE FOLLOWING QUALIFICATIONS

the use of the church facility as outlined in this application.

Fee for use of the property:

Oakwood Officer signature Date

Name of Deacon giving notice to applicant: By (date)

Comment/notes