



FACILITY USE APPLICATION

Please allow **two weeks** for this application to be approved by the Management Team.

Contact Information

How did you hear about us: _____

Name of Organization: _____ Name of Event: _____

Contact Name: _____

Phone: _____ Email: _____

Detailed Information

Please list specific date and times for each day of your event (including rehearsals, set-up & tear-down):

Date	Set Up Time	Start Time	End Time	Vacate Time

Please circle room(s) requested: Dome Fellowship Hall Fireside Room Island
 North Lawn Youth Center Chapel Kitchen

Expected number of people: _____

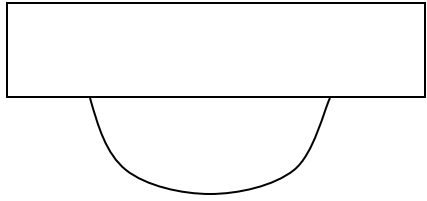
(Additional fees apply for events in the dome that exceed 500 people)

Please provide us with as much information about your event as possible:

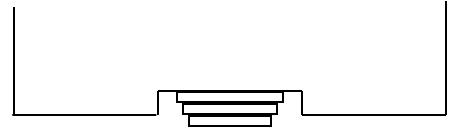
Stage set up

Please indicate stage set-up for:

Dome



Fellowship Hall



Please diagram your room set up below:

Four horizontal lines for diagramming the room set up.

Resources & Technical Set-Up

Please indicate **how many** of each item you will need:

____ 6ft Rectangular Tables ____ Large Round Tables (seat 10, 12 available)
____ Medium Round Tables (seat 8, 12available) ____ Small Round Tables (seat 6, 12 available)
____ Chairs Podium

Please indicate all sound equipment needed: Mic (wired or handheld wireless?: How many Wired:____

How many Wireless:____ Internet Projector- connection to Mac or PC? ipod connection

Do you need a technician (Tech. fee is \$28 per hour)? Yes No

Will there be a slideshow Yes No Will there be live music Yes No

Additional Requirements: _____

NCC Office Use Only:

Received by: _____ date: ____/____/____
Date available on calendar: YES NO Initial _____ Temp Booked _____ Confirmed Initial _____ Date: ____/____/____
NCMT Approval: YES NO date: ____/____/____ Parking Lot Detail: YES NO
Host Name: _____ Host Info Packet Sent: YES NO date: ____/____/____
Media Tech Name: _____ Media Tech Confirmed: _____ Date: ____/____/____
Insurance Required: YES NO Contract Sent by: _____ Date: ____/____/____