

RANCH CHAPEL

PO BOX 771, 5060 CLUB HOUSE ROAD
CROOKED RIVER RANCH, OR.
541-923-8081, FAX: 541-923-7199 Email: Family@Ranchchapel.org

FACILITY USE APPLICATION

Date of Application _____ Application Made by _____

Type of Event _____

Number of Attendees expected _____

Name of Group _____

Representative _____ Phone _____ Address _____

Does this usage serve Crooked River Ranch residents? Yes _____ No _____

Proposed Usage Day _____ Date _____ time _____

What time would you like the building to be opened? _____ Closed _____

Check area of use: Church _____ Family Center _____ Kitchen _____

Check if you are using the Kitchen: Stoves _____ Dishes _____ Dishwasher _____

Sound system needed? Church _____ Family Center _____

Does this Group agree to the Facility Use Policy? _____ Initials _____

(If you need to use tables and chairs, it is your responsibility to make arrangements to set up before your engagement and return them to where they were)

<u>Areas of Use</u>	<u>Fees</u>	<u>Charges</u>	<u>Comments</u>
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(Area below this line will be completed by Ranch Chapel Board)

Kitchen	\$100.00	Kitchen	\$ _____
Sanctuary	\$100.00	Sanctuary	\$ _____
Family Center	\$100.00	Family Ctr.	\$ _____
Sound Technician	\$ 40.00	Sound Tech.	\$ _____
Musician	\$ 40.00	Musician	\$ _____
Janitor	\$ 50.00	Janitor	\$ _____
		Total	\$ _____

Application Received by _____ Date _____

Trustees Approval by _____ Date _____

Board Approval by _____ Date _____