

Application Date: _____

OROMOCTO PASTORAL CHARGE
FACILITIES APPLICATION

Applicant's Name: _____

Phone No. _____ Email: _____

Organization: _____

Mailing Address: _____

Person Responsible on Activity Date(s): _____

Premises or Facility Required: _____

Purpose of Occupancy or Use: _____

Date(s) Required: _____ Time Required: _____

Number of Persons Involved: _____ Age Range of Participants: _____

Furnishings or Equipment Needed (be specific) _____

Will Food/Refreshments be Served? (give details) _____

*Waiver: The Oromocto United Church will not be held responsible for any personal injuries or damages while individuals of said group use these facilities.

Payment Received _____ Treasurer _____

I have read and understand the rules and guidelines and the closing and securing policy.

Signature of Person Responsible for Activity: _____

I have reviewed the application. A deposit of _____ is required by _____

The total fee of _____ less deposit (if any) is due by _____

Church Signature _____ Date: _____