



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 (capacity 1200) Fellowship Hall (at 200 tables 300 in chairs only)

Youth Center (100 at tables 150 in chairs only) Chapel (72 in chairs only) Island

North Lawn Kitchen

Expected number of people: _____

(See booking your event FAQ and Pricing for each room on our website www.ncchico.org/facilities

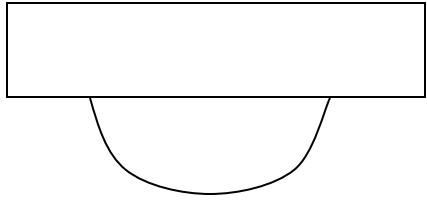
)

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

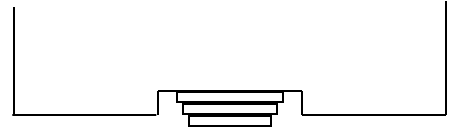
Stage set up

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:

Form for indicating quantities of tables and chairs:
___ 6ft Rectangular Tables (20 available)
___ Large Round Tables (seat 10, 12 available)
___ Medium Round Tables (seat 8, 11 available)
___ Small Round Tables (seat 6, 12 available)
___ Chairs Podium []

Please indicate all sound equipment needed: Mic handheld wireless? []

How many Wireless:___ Internet [] Projector- connection to Mac or PC? [] ipod connection []

Do you need a technician (Tech. fee is \$28 per hour)? (Required for all events where sound and media are used.)

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

Additional Requirements: _____

NCC Office Use Only:

Form for NCC Office Use Only containing fields for:
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: ____/____/____