

# OXFORD COMMUNITY CENTER RENTAL REQUEST FORM

We appreciate your interest in considering OCC as a venue for your meeting or event. To help us better plan to serve your needs, please complete the following form and send it to us at P.O. Box 308, Oxford, MD 21654. We will contact you within a few days of receiving your request.

## Reservation Information

Today's Date \_\_\_\_\_ Your Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (if different from above) \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_

Preferred method of contact \_\_\_\_\_

## Meeting or Event Plans

Activity or Event (example: meeting, wedding, party, etc.) \_\_\_\_\_

Name of Individual or Organization sponsoring or holding event \_\_\_\_\_

Is this a one time event or a recurring activity? One time event \_\_\_\_\_ recurring \_\_\_\_\_

If a one-time event:

Date Requested: 1<sup>st</sup> choice: Month \_\_\_\_\_ Day \_\_\_\_\_ Time: from \_\_\_\_\_ to \_\_\_\_\_

2<sup>nd</sup> choice: Month \_\_\_\_\_ Day \_\_\_\_\_ Time: from \_\_\_\_\_ to \_\_\_\_\_

If a recurring event, what is frequency, beginning and ending date of your event or meeting:

Beginning date \_\_\_\_\_ Ending Date \_\_\_\_\_ Frequency (weekly, monthly, etc.) \_\_\_\_\_

Is a business or organization sponsoring this event? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, is it a registered 501(C)3 not-for-profit organization: Yes \_\_\_\_\_ No \_\_\_\_\_

If you are a private individual sponsoring this event, are you an Oxford resident or homeowner (live in or own property in zip code 21654?) Yes \_\_\_\_\_ No \_\_\_\_\_

Is the event open to the public? Yes \_\_\_\_\_ No \_\_\_\_\_

Will you collect admissions, dues, donations, or fees? Yes (please specify) \_\_\_\_\_ No \_\_\_\_\_

Will your event involve food service or be catered? Yes \_\_\_\_\_ No \_\_\_\_\_

Will alcohol be served? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your event require any special security? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please describe below:

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**Space Requirements:** (please check all that apply)

Auditorium:

Meeting Room:

Room #2

Room #4

Room #5

Room #6

Kitchen

Stage

**Set-up Requirements**

Please check which, if any, of the following you will need for your event:

Chairs  Stage or Theatre Lighting

Tables  Audio-Visual Support:

Podium  Slide Projector

Microphone  Projector Screen

Piano  Overhead Projector

Easel  TV/VCR

Panels & panel covers for displaying paintings, posters, etc.

***Statement of Certification:***

I certify that the information provided is true and accurate to the best of my knowledge and understand that providing false or misleading information is grounds for refusal and/or cancelling of my event.

Name \_\_\_\_\_

Date \_\_\_\_\_