

Attachment 1: **Application and Agreement for FCC Facility Use**

Name and Organization
Of Requestor: _____

Mailing Address: _____

Telephone Number: _____ Email Address _____

Event Description: _____

Date of the Event: _____

Facilities to be Used:

Room / Area	Times From / To	Electronic / Mechanical Equipment	Price	Damage Deposit
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
(Use reverse side if necessary)			Totals:	_____

Initial Condition Verification

Room / Area	Type of Damage	Location
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

FCC Staff/Ministry Member Verifying _____ Date _____

(See Reverse)

Application and Agreement for FCC Facility Use (continued)

Receipt for Advance Reservation Deposit:

Date: _____ Amount _____

Received
By: _____

Receipt for Damage Deposit:

Date: _____ Amount _____

Received
by: _____

(Must be filled in, if applicable, prior to event.)

Name of Person Playing the Organ:

Name of Person Operating
Electronics:

Receipt for Payment:

Date: _____ Amount _____

Received

by: _____

Facility Checkout:

Date: _____ FCC Staff Name: _____

Was Facility Damaged? _____ Damage Description: _____

Amount Returned: _____ Received By: _____

Additional Reservations / Damage / Comments