

## Facility Services Application Form

Application Date: \_\_\_\_\_

Organization/Dept: \_\_\_\_\_

Event Name: \_\_\_\_\_

Event Date/Time: \_\_\_\_\_ Attendance (Est.): \_\_\_\_\_

Coordinator: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Fax/E-Mail: \_\_\_\_\_

**Facility Needed** \*This rate is for 1-4 hrs only, for Full Day price, please contact VOH Office

**Equipment Needed** (\$10 Per Item, \$100 Deposit Required.)

\*If equipments got broken, borrower is responsible for full responsibility

✓ Facility #/ Name	Capacity	Fees	
		Members	Non-Members
100 Sanctuary	500	\$500	/ 750
111 Chapel – 1 <sup>st</sup> floor	250	\$350	/ 500
250 Chapel – 2 <sup>nd</sup> floor	250	\$350	/ 500
108 Children Zone	50	\$250	/ 390
257 Classroom	30	\$45	/ 60
258 Classroom	30	\$45	/ 60
259 Classroom	30	\$45	/ 60
260 Classroom	30	\$45	/ 60
254~256 Large Classroom	50	\$80	/ 175
213 Library/Conference	30	\$45	/ 60
Other _____		\$	_____

✓ Equipment Name	Quantity	Fees
Sound – Standard Microphone	_____	\$ _____
Sound – Wireless Microphone	_____	\$ _____
Multimedia – Audio Recorder	_____	\$ _____
Multimedia – Video Recorder	_____	\$ _____
Multimedia – Video Mixer	_____	\$ _____
Multimedia – VCR Player	_____	\$ _____
Multimedia – VCD/DVD Player	_____	\$ _____
Multimedia – Overhead Projector	_____	\$ _____
Multimedia – Video Projector	_____	\$ _____
Furniture – Folding Table	_____	\$ _____
Furniture – Folding Chairs	_____	\$ _____
Other _____		\$ _____

Total Facility Fees: \$ \_\_\_\_\_

Total Equipment Fees: \$ \_\_\_\_\_

### Service Personnel Needed

✓ Service Items	# of Person	Rate	Fee
Parking Assistance Team	_____	\$30/hr.	\$ _____
Custodian Services	_____	\$30/hr.	\$ _____
Sound Control Person	_____	\$30/hr.	\$ _____
Lighting Control Person	_____	\$30/hr.	\$ _____
Power Point Control Person	_____	\$20/hr.	\$ _____
Video/Camera Control	_____	\$20/hr.	\$ _____
✓ Administration	_____	\$100/Day	\$ _____

Total Service Fee: \$ \_\_\_\_\_

Total Fee: _____	Deposit (50%): _____
	Balance: _____
Coordinator's Signature: _____	Date: _____
Accepted By: _____	Date: _____