

Dobbins-Oregon House Improvement Foundation
The Alcouffe Community Center
9185 Marysville Rd, P.O. Box 302, Oregon House, CA 95962
Phone: 530-692-9904

FACILITY RENTAL APPLICATION

NAME _____

MAILING ADDRESS _____

PHONE NUMBER _____ Cell Phone _____

or alternate contact number(s) _____

E-MAIL _____

RENTAL DATE(S) _____

PURPOSE _____

ROOMS NEEDED:

MAIN HALL/STAGE _____, KITCHEN _____, LOUNGE _____, CONFERENCE ROOM _____

AUDIO/VIDEO REQUIREMENTS:*

MAIN HALL AUDIO: Presentations/Announcements Recorded Music: Standard Customer Selected

MAIN HALL VIDEO: Slides Movies "Power Point" CONFERENCE ROOM VIDEO:

DETAILS, DESCRIBE: _____

RENTAL AMOUNT \$ _____

CLEANING/DAMAGE DEPOSIT \$ _____

50% PAID _____ \$ _____
Date

BALANCE DUE \$ _____ BY _____
Date

SIGNATURE _____ DATE _____

DOHIF REPRESENTATIVE _____ DATE _____

ATTACHMENTS: CA Drivers License/DMV ID Copy; _____ Certificate of Insurance _____;
Alcoholic Beverage Control (ABC) Permit _____; Other _____

* May require meeting with DOHIF technical staff to clarify details. Customer PC video presentations require a software installation (we have) on your PC prior to event.

"An Equal Opportunity Facility"