

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"