

Please complete this form and return it and the \$100 deposit to the church office two weeks prior to the event date.

Facilities Reservation Form

Oak Grove United Methodist Church
1295 Greenwood Rd., Decatur, TX 76234 940-626-4407

Event Date _____ Day of Week _____ Kind of event _____
of hours _____ Time of Day _____

Contact Persons for the Event:

Name: _____ Name: _____

Address: _____ Address: _____

City: _____ City: _____

Phone: (h) _____ Phone (h) _____

(w) _____ (w) _____

(cell) _____ (cell) _____

Deposit/Fees:

Deposit of \$100 to reserve the building _____

Use of Facilities Fee (\$40) for first hour _____

\$20 for each additional hour _____

TOTAL _____

Total fees due upon exiting the facilities _____



I have read the church's policy on the use of the facilities at Oak Grove UMC.
I clearly understand the policies and accept them and the schedule of charges outlined.

Signature _____ Date _____