



Rev. Josh Glagola, Pastor
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APPLICATION FOR USE OF FACILITIES

Name of Party: _____

Contact Person: _____ Current member of OZWC: Yes No

Mailing Address: _____

Email Address: _____

Phone Number: _____ Cell Phone Number During Event: _____

Requested Date of Use: _____

Time: *Use of the facility for the event is authorized from* _____ *to* _____

Event Type: *Please check below the option that most closely reflects the type of event to be held.*

- | | | |
|---|---|--|
| <input type="checkbox"/> Meeting | <input type="checkbox"/> Birthday/Anniversary Party | <input type="checkbox"/> Family Reunion |
| <input type="checkbox"/> Informal Gathering | <input type="checkbox"/> Class/Lecture | <input type="checkbox"/> Sports Activity |
| <input type="checkbox"/> Other: | | |

Full Name of featured speaker, musician or other featured guest: _____

Expected Number of Attendees: _____

Facilities for Use: *The specific facilities requested are:*

Building: _____	Rooms or Spaces Included: _____
_____	_____
_____	_____
_____	_____

FEE SCHEDULE

Family Life Center	Sanctuary	Classroom/Multipurpose Room
1-4 hours \$50 members; \$75 non-members	No charge for members; \$100 non-members	\$25 members; \$50 non-members
5+ hours \$75 members; (same day) \$100 non-members		

Please complete and return this form to:
 Old Zion Wesleyan Church
 ATTN: Trustees
 10144 Swamp Fox Highway, E.,
 Tabor City, NC 28463
 Or by e-mail to: oldzionwesleyan@gmail.com