

Date of Event: _____

OWEN BROWN INTERFAITH CENTER

7246 Cradlerock Way, Columbia, MD 21045

410-381-2000 * 410-381-6537 (fax) * www.obicolumbia.org

REQUEST FOR USE

Event: _____

Non-recurring events only:

Date(s) of Event: ____/____/____ ____/____/____ ____/____/____

Recurring events only:

From: ____/____/____ To: ____/____/____

Check all that apply:

Sun	Mon	Tue	Wed	Thu	Fri	Sat
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Frequency:

Weekly: _____

1 st	2 nd	3 rd	4 th	Last	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	date Each Mo.

Start Time: _____ End: _____ Program Start Time: _____

(includes set-up and clean-up time)

Rooms) Requested: _____

Church: CUMC _____ UUCC _____ CUMC/UUCC _____

Contact: _____

Address: _____

Phone: (h) _____ (w) _____ (c) _____

No. Attending: _____

Is this a change to a previous reservation? Yes _____ No _____

Original date/time/room: _____

What is needed: _____

FOR OFFICE USE ONLY

Fee charged: \$ _____ Approved by: _____ Date: _____