

Please fill out and print this form, then submit to the Church Secretary

# FIRST BAPTIST CHURCH EVENT, EQUIPMENT AND FACILITY USE REQUEST

Date(s) needed, From:  To:  Function Start Time  End Time

Event(s)  Name/Group

Today's Date  User/Contact Person  Telephone #

Location if Away From Church Facility

### ROOMS

- Sanctuary
- Fireside Room
- Foyer
- Choir
- Nursery
- 209-210
- 207
- 208
- 211

### DOWNSTAIRS USE

- 105
- 106
- 107
- 109
- 110
- 111
- 112
- Fellowship Hall
- Kitchen (see below)
- Youth Mod E
- Youth Mod W
- Garage Annex N
- Garage Annex S

### EQUIPMENT:

- Digital Projector
- Overhead Projector
- Screen
- TV/VCR
- Other
- Portable Sound (specifics)
- Sound System
- Piano
- Synthesizer

Tables #  Type

Chairs #  Type

Tablecloths  Color/Type

### IF YOU WILL BE USING THESE AWAY FROM THE CHURCH, PLEASE TELL THE CHURCH SECRETARY

VAN Pick up (Date/Time)

BUS Return (Date/Time)

Driver

Person(s) Setting Up

Person(s) Opening Up

Person(s) Cleaning Up

Person(s) Locking Up

**OTHER INFORMATION NEEDED:** Please indicate the number expected to attend

Are you planning to **charge** for this activity?  YES  NO If YES, what amount?

Are you planning on **Donations**?  YES  NO \*\* (Either YES requires Deacon event approval)

**NOTE: If you are in need of keys, please obtain from the church secretary or administrator WEEKDAYS DURING OFFICE HOURS**

Keys  Date Issued  Date Returned

**IT IS IMPORTANT THAT YOU INFORM EITHER THE CHURCH SECRETARY OR ADMINISTRATOR WHEN YOU HAVE RETURNED BORROWED ITEMS. YOU MAY DO THIS BY NOTE, PHONE, OR PERSONAL CONTACT.**

NOTE: Please report any area or item you have found which needs attention/repair by leaving a note in the Deacon or Administrator's box

### PLEASE COMPLETE THIS SECTION ONLY IF YOU PLAN TO USE THE KITCHEN:

Do you plan to use the **dishwasher**?  YES  NO If YES, do you need someone trained to run the dishwasher?  YES  NO

Do you plan to use the **gas stoves**?  YES  NO If YES, do you need someone trained to operate the stove?  YES  NO

If YES for either of the above, provide name and number of the person to train: Name  Phone #

### THE FOLLOWING ITEMS ARE KEPT ON SUPPLY IN THE KITCHEN. PLEASE MARK THOSE YOU WILL BE USING:

Reception/Other Items:  Reception Dishes  Silver Service  Punch Bowls  Other

Condiments, etc.  Napkins  Tea  Coffee  Sugar  Creamer  Salt & Pepper

### OFFICE USE ONLY

\_\_\_ Calendar OK \_\_\_ Approved \_\_\_ Not Approved Comment

Deacon Approved Signature  Date

Staff Signature  Date

Social Committee Notified? Date  Sound Coordinator Notified? Date

Borrowed items returned on (Date)  By (Individual)