



FACILITIES REQUEST FORM FOR FAITH BAPTIST CHURCH

Must be submitted 2 weeks in advance of event. Top section in red must be completed for event to be added to calendar.

Activity/Group: _____ Activity Date: _____ Activity Time: _____

Main Contact Name: _____ Phone: _____

Unlock/Lock-up Name: _____ Phone: _____

Set-up Time: _____ Clean-up Time: _____ Departure Time: _____

1. Fill out a facilities request form and submit at the church Welcome Center. The church office will put the event on the calendar pending availability and when **all** information is filled in. Your event will not be added to the church calendar without all the information requested. If the event is not during regular office or church hours, the Main Contact will need to contact the church office during regular business hours to secure keys and access codes from the church office during regular office hours.
2. You may be contacted by a staff member close to your activity date to go over details.
3. **Reservations for church related functions:** A cleaning checklist will be provided to ensure proper procedure. These events include baby showers and/or bridal showers, Seasoned Saints meals, SS class fellowships, funeral meals, quiz meets, etc.
4. **Reservations for private (non-church related) functions:** Private groups will be responsible for all their own set-up, tear-down and clean-up. These events include weddings, birthday parties, anniversary parties, showers, graduation parties, piano recitals, retirement parties, etc.

AREAS NEEDED: Check all areas that will be used during this activity.

Main Church Building

- Auditorium Atrium Kitchen/Library Choir Room
- Nursery _____ Room _____

The Bridge

- Fireplace Room Kitchen Gym Court A Gym Court B
- Room _____ Patio

Hidden Treasure Building

- Cafetorium Room _____

Recreational Area

- Picnic Shelter Sand Volleyball Ballfield

Comments:

EQUIPMENT NEEDED: Indicate the quantity needed after each item checked, if applicable.

- Tables: 8 ft _____ 6 ft _____ 4 ft _____ Round _____ Chairs _____ Podium
- Piano _____ Vehicle(s) _____ Driver(s) _____
- Audio/Visual _____ Divider Screens _____ Other _____

KITCHEN EQUIPMENT NEEDED: Indicate the quantity needed after each item checked, if applicable.

- 100 cup Coffee Pot _____ 55 cup Coffee Pot _____ Chafing Dishes _____
- Pitcher(s) _____ Trash Cans _____ Other _____

SUPPLIES NEEDED: Number of people being served: _____

Paper goods are not provided for private events.

- Cups Forks Dessert Plates Sugar
- Styrofoam Plates Spoons Napkins Artificial Sweetener
- Bowls Knives Plastic Table Covers Creamer
- Other _____ Stirrers

Your Signature _____ Today's Date _____

Office Use: Initial and Date

(4/18)

Received: _____ Entered: _____ Facilities Notified: _____