

BETHEL MISSIONARY BAPTIST CHURCH
CHURCH FACILITY USE REQUEST FORM

(Please Print Clearly)

REQUESTOR'S NAME: _____ MINISTRY: _____

Contact Phone: _____ Email: _____

Event Date: _____ Event Time: _____ to _____

Request Time: _____ to _____ Date (Form Submitted): _____

First Choice: Check all that Apply

Building Request

Glory to God Sanctuary (2607 South Ave)

Requested Room(s)

- Conference Room
- Kitchen/Pantry
- Multi-Purpose Room
- Nursery
 - Nursery A Nursery B Entire Nursery
- Sanctuary

Requested Equipment

- Media** (WIRED Media Ministry Request Form to be completed)
- Music**

Second Choice: Check all that Apply

Building Request

Glory to God Sanctuary (2607 South Ave)

Requested Room(s)

- Conference Room
- Kitchen/Pantry
- Multi-Purpose Room
- Nursery
 - Nursery A Nursery B Entire Nursery
- Sanctuary

Requested Equipment

- Media** (WIRED Media Ministry Request Form to be completed)
- Music**

of Participants for Event: _____ **Church Personnel Required:** YES NO

Provide a brief overview of event/activity:

Signature: _____ **Date:** _____

***Each user of our facility must restore it to the original condition after usage. As a user your responsibility is to dispose of the trash, sweep the floor, turn off lights, close doors, and remove any food or supplies utilized during usage of facility.**

PLEASE RETURN REQUEST FORM TO CHURCH SECRETARY FOR PROCESSING.

Please submit request at least 4-6 weeks before event, so that the first choice can be accommodated.

NOTE: THIS FORM IS REQUIRED FOR ANY EVENT/ACTIVITIES NOT REGULARLY SCHEDULED FOR CHURCH BUILDINGS.

-----**FOR CHURCH OFFICE USE ONLY**-----

Approval for:

1st Choice **2nd Choice**

Approval Signatures:

Pastor: _____

Chairman, Deacon Ministry: _____

Chairperson, Trustee Board: _____

Additional Information:

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