



First Baptist Church

STANLEYVILLE

Church Facility Request for Members

Phone 336-377-2984

Fax 336-377-9301

General Information:

Requesting Agent _____ Company/Group _____
 Home Phone # _____ Office Phone # _____ Cell Phone # _____
 Event Description _____ Open to the Public? Yes No
 Church Member Sponsor (if required) _____ Home Phone # _____ Cell Phone # _____

Facilities:

NEW REVISION

Event Name _____
 Event Date _____ Start Time _____
 Arrival Time _____ Departure Time _____
 Number Expected at Event _____

Deposit amount \$ _____ Paid? _____ FBCS Initials _____

Facilities Requested:

- Sanctuary Fellowship Hall
 Family Life Center Kitchen
 Classroom: _____ Nursery

Fees, Priorities, Liabilities:

Donations, though not required, are accepted for use of the facilities.

Facilities are available for use by:

- (1) Church-wide and ministry events of First Baptist Church of Stanleyville (FBCS)
- (2) Individual members of the FBCS congregation
- (3) Other non-profit organizations, members of the community, and others whose value systems are compatible with the overall value system of FBCS (and approved by a member of the pastoral staff.)

** Please note that non-members and non-member groups are required to have a FBCS church member sponsor who must be present at all times during the event. For non-members and non-member groups, a cleaning / damage deposit will be collected. Make checks payable to First Baptist Church of Stanleyville.

Reservation priority will be assigned in this order:

- (1) Church wide functions
- (2) Church ministries; e.g. VBS, Upward Basketball
- (3) Individual church members
- (4) Other approved organizations
- (5) Reservations are made on a first-come, first served basis

Dress and Behavior: Our facilities are totally identified with our ministry and mission. Speech, dress, and conduct for all FBCS church members and visitors must be consistent with the highest Christian standards.

Emergencies: First aid supplies are kept in the lobby closet of the Family Life Center. It is preferable that someone with first-aid and CPR training be in attendance when the facilities are in use. Should an emergency occur call 911 immediately.

Liability: Use of the facilities and equipment at First Baptist Church of Stanleyville is at the risk of the participant. First Baptist Church of Stanleyville does not make any expressed or implied warranty of the premises, equipment, machinery, fixtures, or furniture.

I understand that any fees listed above do not include the cost of operators or the cost of materials needed. I agree that all facilities and equipment used during this event will be returned to their pre-event condition (or better) and in the event facilities or equipment are damaged or destroyed, I agree to pay the cost to repair or replace them as determined by FBCS, less any deposit amount, within 15 days of the event date. I understand that a 48 hour cancellation notice is required.

Agent's Signature _____

Today's Date _____

Services/Equipment:

Auditorium equipment requires 1 or more operators, depending on equipment being used.

- Sanctuary Sound (requires operator)
- Sanctuary Projection Equipment (requires operator)
- Sanctuary Production Lights (requires operator)
- Family Life Center Sound (requires operator)
- Family Life Center Projection Equipment (requires operator)
- Family Life Center Production Lights (requires operator)
- Portable Audio System
- TV/VCR
- Overhead Projector
- Portable Staging (Size: _____)
- Portable Podium (# _____)
- 6Ft Table Seats 6 (# _____)
- Round Table Seats 6-8 (# _____)

Food Services:

Any use of the kitchen facilities, beyond the use of the ice maker, requires that a trained and approved operator be present at all times the kitchen is being used to insure adherence to health standards.

- Ice Only (Operator not required, No charge)
 - Use of Kitchen (Requires operator)
 - Paper/Plastic Products (Charged according to usage)
 - Porcelain Dishes & Silverware (Requires operator)
 - Linen Table Clothes (must be laundered and returned to the Church office within 2 days following event)
- Linens returned? _____ Return verified by: _____

Office Use Only:

Approved By _____ Date _____
 Final Calendar Approval _____ Date _____

Copies to:

- Building & Grounds Custodian
- Finance Kitchen Director
- Senior Pastor Transportation
- Associate Pastor _____ AV Director

After the event is over and everything is finalized (e.g. linens returned):

Facilities & equipment verified returned in good order by: _____
 (Note exceptions on reverse) Deposit returned? (if required) _____