

**First Baptist Church**  
**FACILITIES USE REQUEST FORM**

FBC \_\_\_\_\_ NON-FBC \_\_\_\_\_ [Facilities Use Fee: \$ \_\_\_\_\_; Date Paid: \_\_\_\_\_]

EVENT \_\_\_\_\_

DATE \_\_\_\_\_ TIME \_\_\_\_\_ LOCATION \_\_\_\_\_

CONTACT NAME \_\_\_\_\_ FBC MEMBER: Yes \_\_\_\_\_ No \_\_\_\_\_

HOME # \_\_\_\_\_ WORK # \_\_\_\_\_ CELL # \_\_\_\_\_ E-MAIL \_\_\_\_\_

SET-UP: Yes \_\_\_\_\_ No \_\_\_\_\_

Tables/Chairs: \_\_\_\_\_

Tablecloths: \_\_\_\_\_

FOOD: Yes \_\_\_\_\_ No \_\_\_\_\_

Provided by: \_\_\_\_\_ FBC Food Service [Contact: Cappe Hallberg 312-9395]  
\_\_\_\_\_ Other ( \_\_\_\_\_ )

Details: \_\_\_\_\_

NURSERY: Yes \_\_\_\_\_ No \_\_\_\_\_

Location: \_\_\_\_\_

Contact: Charity Gwaltney, 324-4970 (wk) 323-0254 (hm)

SOUND SYSTEM: Yes \_\_\_\_\_ No \_\_\_\_\_

Details: \_\_\_\_\_

Contact: Tom Jenkins, 418-5756; Steve Gwaltney, 323-0254

KEY PICK-UP: Yes \_\_\_\_\_ No \_\_\_\_\_

Bldg./Rm.: \_\_\_\_\_ Return via: Church Office \_\_\_\_\_ Mail Drop Box \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

-----OFFICE USE ONLY-----

RECEIVED BY \_\_\_\_\_ DATE \_\_\_\_\_

APPROVED BY (if applicable) \_\_\_\_\_ DATE \_\_\_\_\_

CALENDAR \_\_\_\_\_ George \_\_\_\_\_ Tom \_\_\_\_\_ Cappe \_\_\_\_\_ Charity \_\_\_\_\_ Linda \_\_\_\_\_

Other \_\_\_\_\_