

Event Request Form

Mountain View Baptist Church

Date of Request: _____ Person Making Request: _____

Email: _____ Phone: (H) _____ (W) _____ (C) _____

ONE TIME EVENT

Event: _____

Day(s): _____ Date(s): _____ Time: _____

ON-GOING EVENT

Event: _____

Monthly _____ Weekly _____

Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat _____ Sun _____

Time: _____ Beginning date: _____ Ending date: _____

Curriculum required _____

Room(s) or Buildings(s) requested:

\$50.00 fee is required if not a ministry or churchwide event _____

_____ Fellowship Hall

_____ Worship Center

_____ KidZone

_____ Amplify Building A

_____ Amplify Building B

_____ Conference Room

Other _____

Equipment needed:

Tables _____ (number needed)

Chairs _____ (number needed)

TV/ DVD _____

Key(s): _____

In

Out

Sound _____

Bus _____

Other _____

All areas must be set up, cleaned and set back up before you leave.

Please return completed form to Cathy Keener by email to ckeener@mtnviewbaptist.net

Approved by: _____ Date: _____