

# FACILITY USE REQUEST

Fill in the information below, read and sign the back of this form and return to the church office.  
Forms will not be processed without your signature on the back, indicating that you have read and will abide by the facility policy.

YOUR NAME: \_\_\_\_\_ TODAY'S DATE: \_\_\_\_\_

CONTACT ME BY PHONE: \_\_\_\_\_  CONTACT ME BY EMAIL: \_\_\_\_\_

PURPOSE FOR USE: \_\_\_\_\_

DATE(S) OF USE: \_\_\_\_\_

REOCCURRING EVENT? PLEASE SPECIFY (ex. 1<sup>st</sup> Wed. ea. month): \_\_\_\_\_

REOCCURRING EVENT END DATE: \_\_\_\_\_

EVENT STARTING TIME: \_\_\_\_\_ EVENT ENDING TIME: \_\_\_\_\_

TO ALLOW FOR ADDITIONAL SETUP AND CLEAN UP TIME, FACILITY SPACE WILL BE NEEDED

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

FACILITY SPACE REQUESTED (please circle all areas to be used):

Chapel	Gymnasium	Kitchen	Music Lab	Practice Field
Conference Rm.	Hospitality Rm.	Kitchenette	Nursery (Infant)	Soccer Field _____
Fellowship Hall	Jr. Church Rm.	Library	Nursery (Toddler)	Classroom # _____

Do you need to store any items?  Yes  No

If yes, describe item(s) & storage need \_\_\_\_\_

Other: \_\_\_\_\_

ADDITIONAL ITEMS REQUESTED (please specify equipment needed):

Chairs # \_\_\_\_\_ Paper Goods Needed (church events only)  Yes  No (If yes see next page for checklist.)

6 ft. Tables # \_\_\_\_\_ Kitchen Equipment: \_\_\_\_\_

8 ft. Tables # \_\_\_\_\_ Sound Equipment: \_\_\_\_\_

Other: \_\_\_\_\_

ADDITIONAL INFORMATION ABOUT EVENT/REQUEST: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PERSON RESPONSIBLE: \_\_\_\_\_

Calvary Bible Church Member?  Yes  No

**OFFICE USE ONLY:**

Date Received: \_\_\_\_\_

\_\_\_\_\_

Casoni  
Durant  
Merrill  
Sousa  
Talley

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**OFFICE USE ONLY** DATE: \_\_\_\_\_

**CHURCH ADMINISTRATION**

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Reason/Comments: \_\_\_\_\_

\_\_\_\_\_

**FACILITIES MANAGER**

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Reason/Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PAPER GOODS REQUESTED (For Church Events Only)

Estimated # of People: \_\_\_\_\_

*Check all Requested Items:*

- |                                      |   |  |
|--------------------------------------|---|--|
| <input type="checkbox"/> Forks       | <input type="checkbox"/> Coffee cups w/lids | <input type="checkbox"/> Bowls                           |
| <input type="checkbox"/> Knives      | <input type="checkbox"/> Coffee Stirrers    | <input type="checkbox"/> Plates (small)                  |
| <input type="checkbox"/> Spoons      | <input type="checkbox"/> Cold cups (9 oz.)  | <input type="checkbox"/> Plates (large)                  |
| <input type="checkbox"/> Soup spoons | <input type="checkbox"/> Cold cups (16 oz.) | <input type="checkbox"/> Table covering (white roll)     |
| <input type="checkbox"/> Tall spoons | <input type="checkbox"/> Napkins            | <input type="checkbox"/> Placemats: specify color: _____ |

*Note: Tablecloths are owned by Women's Ministries. Please contact the Chair of Women's Ministries for further info.*

## POLICY FOR USE OF FACILITY & EQUIPMENT

1. The church office will contact you once the request has been approved or denied. Until then, the request is not approved.
2. Conflicts: Any reservation conflicts will be resolved by the church office.
3. Changes: If there are any changes to your original request after it has been approved, you must submit a change request form (yellow copy) to seek approval. This change form can be obtained from the church office.
4. Priority: Church functions have absolute priority when considering availability. Calendar reservations may be made 12 months to 1 week in advance of the event date with approval.
5. Fees & Other Requirements: If applicable, will be communicated after approval process and due at least 1 week before usage.
6. Prohibited: The use of alcohol, tobacco, illegal substance or profanity will be prohibited on any part of the property.
7. In the event that this request is approved, you will be responsible for, but not limited to, the following:
  - Cleanliness of the facility space used
  - Cleanliness of any rest rooms used
  - All trash placed in dumpster
  - All lights are to be turned off
  - All doors must be locked upon exiting the building
  - Any borrowed key(s) returned

**I have read the above policy, understand the approval process and will be responsible for what is required of those who use the facility in the event that this request is approved.**

**Signature:** \_\_\_\_\_

For questions or further needs concerning an approved request, please contact:

Tracie Durant, Church Secretary  
603.434-1516 X110  
secretary@cbcderry.org