



ROOM SCHEDULING REQUEST FORM

(Submit to church office **at least two weeks in advance**)
(Form will be returned with confirmation)

MEETING REQUEST

Date Submitted _____ Requested by _____ Organization _____

Person Responsible _____ Phone # _____

ARE YOU A MEMBER OF FRIENDSHIP BAPTIST CHURCH? **YES NO** (only church members may reserve space)

DATE OF MEETING _____ Number expected _____

Type/Purpose of Meeting _____

_____*I UNDERSTAND THAT NO EVENTS FOR PERSONAL, PRIVATE PROFIT ARE PERMITTED*

_____*ANY COMMUNITY USE MUST BE APPROVED BY THE DEACONS OR TRUSTEES*

Room (s) Needed _____ If Kitchen is needed check here.

Time of Meeting: From _____ To _____

Time of day you need to access room (s) for set up: _____

NOTE: Normally there is a 3-hour set-up time allotted.

Standing Request: every _____ until _____

OTHER SERVICES:

Equipment needs: _____

Check here if requiring room set up **and** draw **a detailed room arrangement on back.**

****OUR CUSTODIANS ONLY PROVIDE SET UP FOR FRIENDSHIP BC ORGANIZATIONS**

All individuals, families, parties & outside organizations are responsible for own set up.

Food service needs: _____

(Consult Peggy Nash at 922-8922 after approval.)

Paper products needed from kitchen: (only for organizations with church budgets) _____

(all other individuals, groups & organizations please provide your own paper products)

_____ I understand that I am responsible for taking all trash from this event to the church dumpster immediately following event.

_____ I understand that I am to return all tables, chairs, podiums, etc. to the original location from which I moved them immediately following event.

Check here if this event involves worship or religious teachings.

_____ I certify that the worship practices and doctrinal beliefs of this event are in full agreement with the **Baptist Faith and Message** as adopted in 2000 (copy available upon request).

Signature: _____

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FOR OFFICE USE:

Approved and scheduled

Not approved: Reason _____

Authorized signature _____ Date _____