

True Bethel Baptist Church Facility Request

Date Submitted: _____

Member Non-Member Ministry Related Other: _____

Banquet Hall Classroom Other: _____
(Rooms are assigned depending on availability & other requests)

Name of Ministry/Organization: _____

Contact Person: _____

Phone #: _____ Alternate Phone # / Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Date of Event: _____	Time Needed: _____
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Purpose of Event:

Wedding Worship Service Meeting Funeral Other: _____

Number of People Attending: _____

Set Up: Tables How many? _____ Chairs how many per table? _____

Use back of form to give diagram of set up



Equipment Needed

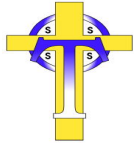
<input type="checkbox"/> PowerPoint Projector <input type="checkbox"/> DVD/CD Player <input type="checkbox"/> Microphone/Sound <input type="checkbox"/> Video Taping (Added Fee) <input type="checkbox"/> Kitchen Facility **Note: Depending on Audio Video Services needed there may be extra fees applied For Office Staff: If audio/video needs, copy form & place in a/v mailbox

Other Equipment/Service Needed: _____

Food / Refreshments Served: Yes No How many serving tables: _____

If any, Cost of Event _____ Special Info: _____

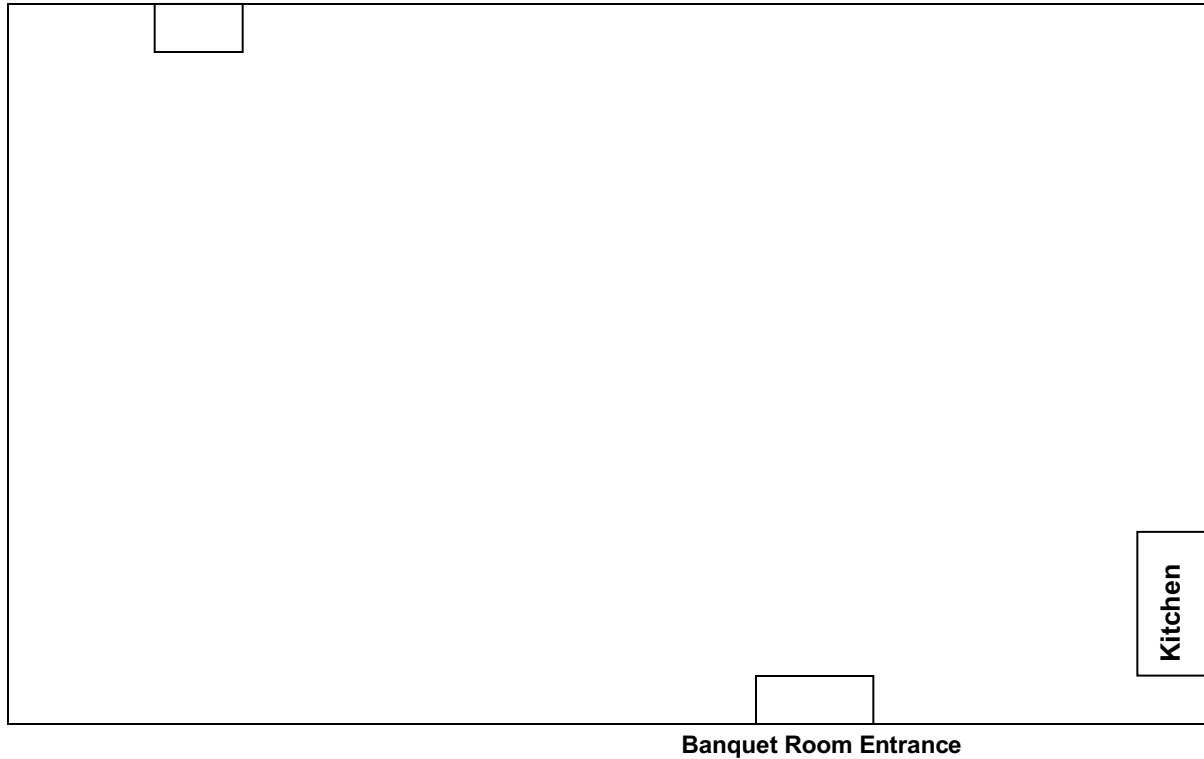
Office Use: Department Approval: _____ Room Assigned: _____ Total Fee: \$ _____ Deadline for Payment: _____ Method of Payment: _____ Cash _____ Check _____ MC/Visa



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Diagram:

Business Suites



= Door

= Table X = Chair

How many tables? _____

How many chairs per table? _____

Classroom Set UP:

Standard (Desk / Chairs)

Chairs Only

Chairs in U-Shape

Other _____