

FACILITY REQUEST FORM

Union Baptist Church

Room Needed _____ Type of Function _____

Day/Dates Needed _____ Function Time _____ AM/PM to _____ AM/PM

Number of Adults _____ Number of Children _____

Special Needs

TV/VCR

Sound Technician (Sanctuary Only)

(You are responsible for contacting Chris Brown directly: 223-4020)

Video Projector (Sanctuary Only)

Podium

Tables / Chairs

Kind _____

How Many _____

Are you requesting use of the kitchen as well? _____

Requested by _____ Church member? _____

Phone: _____ Email: _____

Fees: _____

I, _____ HAVE READ AND FULLY UNDERSTAND THE RULES AND GUIDELINES SET FORTH IN THE "FACILITY USAGE POLICY" FORM. BY SIGNING, I AGREE TO ABIDE BY ALL SAID RULES AND PROCEDURES AND UNDERSTAND THAT FAILURE TO DO SO WILL RESULT IN THE TERMINATION OF MY REQUEST.

Print Name: _____ Date: _____

FOR FACILITY USE

Date Received _____ Approved by _____ Date _____

Sound Tech Assigned _____