

**FACILITY RESERVATION REQUEST FOR
ST. JOHN BAPTIST CHURCH FACILITIES**

Deadline for submitting: Must be in Church office Ten (10) days before or the week before the week the use of the room is required.

IF REQUESTING THE KITCHEN AND/OR PANTRY, PROOF OF FOOD HANDLERS CARD(S) MUST BE ATTACHED OR ON FILE IN OFFICE BY ALL WHO WORK IN MINISTRY.

		1. DATE FORM SUBMITTED				
2. DATE REQUESTED _____ RECURRING _____ NON- RECURRING		3. TIME (Include set-up thru clean-up time.)				
4. FACILITY REQUESTED ___SANCTUARY ___FELLOWSHIP HALL ___KITCHEN ___COMPUTER ROOM ___NURSERY ___PANTRY ___LIBRARY (ROOM 108) ___WOMEN'S LOUNGE (ROOM 110) ___MEN'S LOUNGE (ROOM 202) ___FINANCE OFFICE ___ROOM 111 ___ROOM 112 ___ROOM 113 ___ROOM 114 ___ROOM 115 ___ROOM 116 ___ROOM 117 ___ROOM 118 ___ROOM 119 ___ROOM 120 ___ROOM 121 ___ROOM 122 ___ROOM 201 ___ROOM 203 ___ROOM 204 ___ROOM 205 ___ROOM 207 ___ROOM 208 ___ROOM 209 ___ROOM 210 ___ROOM 211 ___ROOM 212 ___ROOM 213 ___ROOM 214 ___ROOM 215						
5. PROGRAM NAME OR TITLE (Print)						
6. PROGRAM DESCRIPTION _____Worship Service _____Choir Rehearsal _____Bible Study _____Wedding _____Wedding Rehearsal _____Ministry Meeting _____Ministry Event _____Ministry Workshop _____Dance/Praise Rehearsal _____Non-Ministry Use (Explanation)						
7. NUMBER EXPECTED TO ATTEND:						
8. SPECIAL REQUIREMENTS AND FACILITY SET-UP (Please Print) Use diagrams if necessary and furnish any additional information on requirements, i.e., table/seating arrangements.						
9. EQUIPMENT REQUIRED _____Television Monitor _____Screen _____Podium _____Extension Cord _____Other (Specify)_____						
10. SIGNATURE OF REQUESTER		11. CELL PHONE				
12. HOME PHONE						
13. SIGNATURE OF MINISTRY DIRECTOR		14. CELL PHONE				
15. HOME PHONE						
<div style="border: 2px solid black; padding: 5px; min-height: 80px;"> ADDITIONAL INFO OR COMMENTS: </div>		COORDINATION (For completion by Church Staff)				
		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 70%;"></td> <td style="width: 15%; text-align: center;">INITIALS</td> <td style="width: 15%; text-align: center;">DATE</td> </tr> </table>			INITIALS	DATE
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In signing this form, I agree to abide by the procedures and responsibilities for using the church facilities, including those found on the reverse side of this form.						

(Keep a copy of your approved form)
RESPONSIBILITIES FOR THE USE OF ST. JOHN FACILITIES

1. To schedule any of the church facilities, please complete this form the week before the use of the room is required. This form can be obtained from the secretary's office. Office hours are from 1:30 p.m. to 5:30 p.m., Monday - Thursday.
2. St. John Baptist Church Worship Services/Programs have priority over all other activities or programs.
3. All activities should have a minimum of 30 minutes between them to clean up the previous activity and set up the next one.
4. If your program/activity is canceled, contact the church office at 855-9351 as soon as possible so that unnecessary set-ups are not performed.
5. At the close of your program/activity, whether you have used the sanctuary, fellowship hall, or kitchen area unless Staff Support was provided, you are responsible for the following:

◇ **SANCTUARY**

- A. ENSURE BIBLES ARE REPLACED NEATLY.
- B. PAPERS ARE CLEARED AWAY.
- C. NO FOOD OR DRINK IS PERMITTED IN THE SANCTUARY
- D. FOR WEDDINGS.... USE DRIPLESS CANDLES ONLY.

◇ **FELLOWSHIP HALL**

- E. RESTORE FELLOWSHIP HALL TO ORIGINAL SET UP.
(Return to the way you found it.)
- F. TAKE OUT TRASH TO THE DUMPSTER IN THE PARKING LOT.
- G. SWEEP (If needed)
- H. ENSURE ALL ELECTRICAL APPLIANCES ARE TURNED OFF AND UNPLUGGED.

