ROCKFORD BAPTIST CHURCH BUILDING REQUEST FORM

The use of Rockford Baptist Church facilities for non-church related functions requires a \$50 deposit. The deposit will be refunded provided the facilities are cleaned adequately and furnishings are returned to their original location. The attached checklist must be completed and signed and returned to the church office within 10 days of the event to process the return of the deposit.

Set up is limited to the day of the event. This includes any items to be placed in the storage room, kitchen, refrigerator, or freezer. If your event is being held on a Sunday, there will be no access to the facilities until after 1 pm. This includes bringing in supplies, set up/prep.

Note: Use of the building for Weddings/Receptions is not covered by this request form. The request form for Weddings/Receptions is available through the Church office.

PERSON OR GROUP SUBMITT	TING THE REQUEST: _				
PHONE NUMBER:		_ ARE YOU A MEMBER OF RBC? □ YES □ NO			
DATE OF EVENT:/_	/	TIME OF EVENT: Start End TIME CLEAN-UP WILL BE DONE:			
TIME YOU WILL ARRIVE TO S	SET UP:	TIME CLEAN-UP WILL BE DONE:			
REASON FOR USE OF THE FACILITIES:					
APPROXIMATELY HOW MANY IN ATTENDANCE:					
AREAS NEEDED FOR USE:	\square Worship Center	☐ Carlson Family Center			
	☐ Kitchen	☐ The LOOP			
	☐ The JAR/GYM	☐ Athletic Field			
	☐ Other (indicate) _				
WILL A CHURCH KEY CARD BE NEEDED: ☐ YES ☐ NO					
Note: Keycards can be checked out at the Church office up to two days prior to the event upon approval from the Deacons. Key cards must be returned the first business day following the event.					
WILL ANY KITCHEN SUPPLIES BE NEEDED? ☐ YES ☐ NO					
If yes, what will be needed?					
Note: All paper supplies, beverages, condiments, food, must be provided by the person/group using the facility.					
By signing below, I acknowledge that I am the designated individual who is responsible for checking the building to make sure the cleaning and locking up has been properly completed at the end of the event. I further understand that I am responsible for the clean-up and for completing the checklist designated for the areas used and returning it to the Church Office within 10 days of the event. I also understand that if my group or I do not satisfactorily fulfill the cleaning requirements or misuse the privilege, my deposit will be forfeited, and my group and I will lose the privilege of using the building and/or grounds in the future.					
Signature		 Today's Date			
For Office / Deacon Use Only					
☐ Request Granted	\$50 Deposit Paid?				
\square Request Denied *	*Reason				
Reason		equired? YES NO Rockford Baptist Church			
	*Reason	Other			
Deacon/Vice-Chair Deacon		 Date			

ROCKFORD BAPTIST CHURCH BUILDING CHECKLIST

You are responsible for cleaning all areas you have requested (including restrooms). If your group uses other areas besides the ones you have designated on your request form, you are responsible to clean those also. All cleaning supplies are in the storage room next to the kitchen.

This paperwork must be completed and returned to the Church Office within 10 days of your event. Deposits will be refunded provided the facilities are adequately cleaned and furnishings are returned to their appropriate location.

REC	EQUIRED FOR ALL AREAS Check restrooms: wipe counters, clean toilets with cleaner and brush, empty trash, and check to paper if needed (extra rolls are found in the cabinet in the ladies' room, and in the closet in the				
CAF	ARLSON FAMILY CENTER CHECK LIST Replace all tables and chairs as you found them.	·			
	Vacuum the entire room.				
	Wipe off all tables.				
	If you have used the kitchen with the Carlson Family Center, mop the floor.				
	Empty all trash containers, replace with clean bags (extra bags found in the storage room next to the kitchen or in the bottom of the trash containers). Put all trash in the dumpster at the bottom of the hill in the parking lot.				
	☐ Please do not dump any liquids, other than water, in the drinking fountains.				
KIT(ITCHEN CHECKLIST To avoid confusion, please label food and drink using masking tape and marker in drawer to the leftovers, and other personal items, from the premises upon leaving.	right of the refrigerator. Promptly remove			
	If you turned it on, please make sure it is off before you leave, i.e., Stove(s), Oven(s), Coffee pots / warmers, and water to the large spray unit. (NOTE: leave the BUNN coffeemakers plugged in. DO NOT UNPLUG)				
	When using kitchen cookware, dishes, and utensils, please clean and return them to the respective cupboards and drawers. If unsure about where an item belongs, just leave it out on the counter.				
	Please take home and launder wet/soiled towels, dishcloths, and tablecloths. Return to the kitchen ASAP.				
	Sweep and mop the kitchen. Wipe off all kitchen surfaces.				
	Empty all trash containers, replace with clean bags (extra bags found in the storage room next to the kitchen or in the bottom of the trash containers), Place all trash in the dumpster at the bottom of the hill in the parking lot.				
LOV	OWER LANDING AND GYMNASIUM CHECK LIST Vacuum the entire gym.				
	Check restroom on the landing level, wipe counters, empty trash and take out. Replace toilet paper if needed and clean toilets if used.				
	☐ Replace all items back the way you found them.				
wo	VORSHIP CENTER CHECK LIST Pick-up all trash on floors and pews.				
	3 Vacuum.				
REMIND	NDER: Securing ALL doors and windows is your responsibility.				
For Off	ffice / Deacon Use Only				
Date Ch	Checklist Returned:				
□ Deposit to be Refunded Date Refunded:					
_	posit Refund Denied Reason				
Deaco	con/Vice-Chair Deacon Date				