



memorial
BAPTIST CHURCH

Building Use Form

Your Name: _____ Today's Date: _____

Your Email: _____ Phone: (_____) _____

Your group: _____ Purpose of the Meeting: _____

Room(s) requested: _____ Date(s) Requested: _____

Event Time: _____ Key # checked out: _____ Is childcare needed? Y N

Indicate any additional instructions or equipment needed for your meeting: _____

DIAGRAM DRAWING OF YOUR REQUESTED ROOM SET UP

I, _____ have read, understood, and agree with the Building Use Policies.