

APPROVED OUTREACH (NON-PROFIT)
Application for Use of Church Facilities

As of 5-20-26

Contact Name: _____ **Phone:** _____

Date of Application: _____ **Date Facilities Required:** _____

Description of Event: _____

Organization (if applicable): _____

Check requested areas: Fellowship Hall Annex Family Life Center (Gym Only)

Times Facilities Required: From _____ AM/PM to _____ AM/PM

DEPOSIT \$100.00 (REFUNDABLE IF CONTRACT TERMS ARE MET)

Approved Outreach shall include non-profit, member-facilitated special events that are not First Baptist Church of Queen City (FBCQC) church-related events. No business events will be allowed. These events may not be scheduled on the church calendar for Sundays or Wednesdays. The reservation fee, deposit, and signed contract are due when calendaring the event. The custodial fee is due prior to the date of the event.

The individual executing this application and all parties involved hereby waive any and all claims, demands, and causes of action that they may have against FBCQC as a result of the use of the church facilities pursuant to this application. The applicant (representing all parties involved) executing this document shall indemnify and hold harmless FBCQC and its officers, agents, and employees from and against any and all costs of litigation arising out of or associated with the use of the church property by the applicant, its members, guests, employees, and agents pursuant to this application.

It is further agreed that no use of alcohol, tobacco, or any other products that may be contrary to the beliefs and reputation of this church is allowed. There will be no flammable or dangerous objects used in any of FBCQC facilities. Applicants must leave the church facilities in the order in which they were found.

The church has the right to deny, limit, and terminate any application.

My signature below signifies that I, and all parties I represent, agree to such terms and will comply with any and all policies and regulations related to the use of FBCQC property.

Signature of Applicant: _____

Address of Applicant: _____

Approved by _____	Date _____
Date Deposit Fee Paid _____	Check No. _____
Date Deposit Fee Refunded (if applicable) _____	Check No. _____