

FACILITIES/CALENDAR REQUEST

First Baptist Church, Lake Jackson, Texas

All requests must be in no later than 2:00 p.m., the Monday before event to be reviewed for approval during staff meeting on Tuesday's. Any request requiring food service and or childcare should be turned in at least two weeks in advance. Please do not use a pencil.

DAY & DATE OF EVENT _____

EVENT START TIME: From _____ am/pm To _____ am/pm

BLDG. ACCESS TIME: Open _____ am/pm Close _____ am/pm DOOR(S) _____

TYPE OF ACTIVITY: _____

Person in Charge: _____ **Address:** _____ **Phone #:** _____

Number Expected: _____ **Requested By:** _____ **Date:** _____

- WORSHIP CENTER
- CONFERENCE ROOM
- FLC KITCHEN
- FLC GYM
- FLC PARLOR
- FLC GAME ROOM
- FLC CRAFTS ROOM
- A BLDG _____
- B BLDG _____
- B BLDG KITCHEN
- C BLDG _____
- 3rd FLOOR _____
- 3rd FLOOR KITCHEN
- OFF SITE Where? _____

CHILDCARE NEEDED?: Yes No
Fill out additional form -- obtain from Childhood Office.

SOUND EQUIPMENT NEEDED?: Yes No
 Contact: Music Department
 Equipment Needed: CD Player Amplifier Speakers
 Microphone Other _____
 Is assistance needed with set up? Yes No

A/V EQUIPMENT NEEDED?: Yes No
 Contact: Dave Ketchand
 Equipment Needed: Screen TV VCR
 DVD Player Overhead Projector
 Other _____
 Is assistance needed with set-up? Yes No

- Paper Goods -- **Fill out Paper Goods Request Form.** Dishes Needed: _____
- Ice Needed Ice Chest Basketball Volleyball Table Games
- # Tables: _____ Type: Round / Rectangle (circle one) # Chairs: _____

DRAW ROOM SET-UP ON SEPARATE LAYOUT FORM. Please use facility maps of the building.

Other: _____

FOR OFFICE USE ONLY

Date Calendared: _____ Date Approved: _____ Date Dist'd _____

- | | | | |
|---|---|------------------------------------|------------------|
| <input checked="" type="checkbox"/> Pastor/Office Manager | <input type="checkbox"/> Youth | <input type="checkbox"/> Library | Deposit \$ _____ |
| <input checked="" type="checkbox"/> Administrator | <input type="checkbox"/> Childhood Education | <input type="checkbox"/> Sound | Fee \$ _____ |
| <input type="checkbox"/> Education | <input type="checkbox"/> Food Service | <input type="checkbox"/> Childcare | Other \$ _____ |
| <input type="checkbox"/> Music | <input checked="" type="checkbox"/> Maintenance Supt. | <input type="checkbox"/> _____ | Total \$ _____ |
| <input type="checkbox"/> Singles | <input checked="" type="checkbox"/> Aztec | <input type="checkbox"/> _____ | |

Rev. date – 6/23/2010 3:37 PM (BD) - After the event, the approval of the following people is required before deposit may be returned:

Food Service: _____ Housekeeping: _____