

Mount Olive Missionary Baptist Church

Facility Use Request Form

(910) 868-2770 Email: office@mountolivembc.org

To: Church Office (submit form 4 weeks prior to date(s) space, equipment, etc. is needed.)

Individual or Ministry: _____

Phone Numbers

Ministry Leader: _____

Home: _____

Work: _____

Date submitted: _____

Cell: _____

E-mail: _____

NAME of meeting, rehearsal, or event: _____

EVENT START TIME:

EVENT END TIME:

Below, in addition to date, area, number expected and equipment needed, indicate the time you will need access to the church for set-up and when you think you will be done with clean-up.

ON THE BACK:

- Indicate the number of tables and chairs needed, if applicable.
- A diagram of how the room should be set-up for your event, meeting, or rehearsal, if applicable.

DATE (ONE-TIME meeting, rehearsal, or event--- space for recurring dates on back)	START TIME (What TIME will you need ACCESS TO THE CHURCH to set-up for your meeting, rehearsal, or event?)	AREA(s) REQUESTED? <i>Sanctuary, Multipurpose Room, Fellowship Hall, Conference Room, Kitchen. If unsure, you may leave this area blank and we will choose for you.</i>	How MANY PEOPLE do you expect?	What EQUIPMENT WILL YOU NEED?
	END TIME (What TIME will you be DONE WITH CLEAN-UP and out of the space following your event?)			

Do you need to use the kitchen? Yes No

Is Security needed? Yes No

Audio: How many microphones will you need? _____ (30-day notice required by Audio Ministry)

F O R O F F I C E U S E O N L Y

Fees to be charged: Yes or No (circle one)

Custodial Fee \$ _____ Building Fee \$ _____

Is this event on the Official Church Calendar? Yes or No (circle one)

If no, approved by: _____

Calendar(s) updated? _____

Maintenance Tech notified? _____

Office Manager Approval: _____ Date: _____

Not approved; reason: _____

Deacon Chairman Review: _____

Director of Christian Education Review: _____

Trustee Chairman Review: _____

