

Facility Use Request Form 55-1

First Baptist Church of Mauldin

150 South Main Street

Mauldin SC 29662

864-288-7835

ADMINISTRATION USE ONLY

Date Received _____

Received by _____

Approved Yes ___ No ___

Date Approved _____

Date Notified Requestor _____

Today's Date _____

FBCM Member or Staff: (circle) Yes No

Event Day & Date _____

Group or Organization _____

Event Name & Description _____

Event Time _____ to _____ Reserve Time _____ to _____

(Alarm will be activated at 9:45 pm. Activities must vacate facilities by 9:30 pm or make other arrangements.)

Number Expected for Event _____ Is this a church related activity? ___Y ___N

Staff Representative _____

Contact Person for Event _____

Home Phone _____ Work Phone _____ Cell Phone _____

E-mail Address _____

Home Address _____ City _____ ST _____ Zip _____

Food Service Needed: ___ None ___ FBC Caterer ___ Outside Caterer

For Outside Caterer Please Provide: Name _____ Phone _____

Kitchen Facilities Needed: ___ None ___ Catering Kitchen ___ Commercial Kitchen

Room Requested/Room Setup _____

Audio/Visual Equipment or Other Equipment Needed (Please specify if none is needed)

I have read First Baptist Mauldin's Facility Usage Policy 55-1 and agree to the fees and policies regarding the use of the facility. I accept responsibility for my organization/group. If applicable, the fee is attached. I agree to notify First Baptist Mauldin in writing if the reservation must be cancelled. If cancelled, the fee is refundable.

Signed _____ Date _____

For Outside Groups: Insurance Company _____ Policy # _____

Insurance Co. Address _____

SPECIAL EVENT INFORMATION SHEET *(staff use)*

Event to be held in:

- Sanctuary Prayer Chapel Lobby Staff Conference Room
 Fellowship Hall Gym Youth Assembly Area
 Classroom Number _____

Food Service Needed:

- Yes No

Food Service Request Form Completed? Yes No

Person responsible for preparing food _____

Equipment/Special Needs:

- TV/VCR Overhead Microphone Whiteboard
 Podium Keyboard Sound Projection Screen
 Directional Signs Name Tags/Pens Walkie Talkie Power Point
 Sound Operator _____
 Other _____
 Greeters Needed At Parking Lot At Office Entry At Welcome Center At Back Entrance

Decoration Needs:

- Vases Candles Lattice Work Flowers
 Balloons Mirrors Ficus Trees

Fellowship Hall Set-up/Accessories:

_____ Round Tables _____ Serving Line Tables _____ Cake Table _____ Punch Table
_____ Chairs per table _____ No. Tablecloths (\$5 ea) _____ No. Napkins (\$1 ea)
_____ Flatware - Shell _____ Flatware - Plain _____ China _____ Silver Trays
_____ Punch Cups & Plates _____ Punch Bowl & Ladle

Maintenance Coverage:

Person responsible for maintenance coverage: _____

Time coverage starts/ends (minimum of 4 hrs per event): _____

Staff Person Responsible for Welcome: _____

Notes: _____

