

Bay Leaf Baptist Church Facilities/Calendar Request Form

Today's Date _____

Activity/Emphasis Description: _____

Group Requesting: _____

Representative: _____ Contact #: _____

Date(s) Requested: _____ Number of Participants _____

Time: Start _____ CO "RO " End aaaaaaaaaaaaaaaaaaCO "RO

Setup Time: _____ Cleanup Time Completed By: _____

Rooms Required (check all that apply):

- Sanctuary Chapel Family Life Center Kitchen Parlor
 Creedmoor Pavilion Fellowship Hall Athletic Field Other

Explain Other: _____

Equipment Needed (check all that apply):

- Sound System Projector
 Audio/Visual Equipment (specify) _____
 Other _____

Furniture Needed (check all that apply or list quantities needed):

- Tables Chairs Lectern
 Other _____

This request is not approved until the church receptionist contacts you with the final approval

<u>FOR OFFICE USE ONLY</u>				
	Date	Initials		
Request Received	_____	_____		
Church Calendar	_____	_____		
Custodian	_____	_____		
Fees Paid	_____	_____		
Input:	Cal _____	RC _____	CC _____	TC _____
Staff Approval _____	Date _____			

Кл{qw} cxg"cf f kkpcrihwtpkwtg'r mego gpv'pggf u.'r mcug"fgckl'vj qug'dgny 0