

WHITE ROCK BAPTIST CHURCH

Phone: 215 474-1738 / Fax: 215-474-3332 / Email:whiterockbaptistchurch@verizon.net

Use of Facility Request Form

This form must be submitted at least one week prior to the Activity.
Please look for the pink copy in your mailbox.

Name of Activity _____ Sponsoring Organization _____

Name of Contact Person _____ Email Address _____ Phone (circle: cell/home/work) _____

Number of person (s) attending activity _____ Requested Date of Activity _____ Actual Time of Activity _____

Starting Time/including set-up _____ Ending Time/including clean up _____ Will this activity repeat (circle)? Yes/No If yes, how often? _____

Requested Location for Activity (Please indicate your 1st and 2nd choice from the list below.) If the area you are requesting is not listed, please specify exact location.

1st choice _____ 2nd choice _____

Sanctuary, Chapel, Virginia Strange Room, Fellowship Hall, Gym, Rooms 204, 206, 205 or 207, Choir Room, Library, Laretta Carter Room

Floor Set-up included (circle) yes no Area Set-up: _____ Auditorium Style _____ Banquet Style _____ Classroom Style _____ Reception Style _____

The church maintenance staff will arrange the area set-up. Please do not make any changes to set-up.

Fill in the number needed: Round Tables: Large (8-10) _____ Small (6) _____ Rectangle/Banquet _____ Chairs needed _____ Microphones needed _____

Will you decorate? _____ yes _____ no If yes, please state date and time. _____

Special Requirements (Please check): Piano _____ TV _____ (circle) Overhead Projector/Screen _____ Kitchen _____ China (China usage fee) _____ Other _____

Approximate budget amount \$ _____

Comments: _____

Please be advised that this form must be received in the office before the request may be considered. Submission of this form does not guarantee the availability of the requested date and/or location.) The office will notify the contact person as soon as the date and location is confirmed and approved.

Print Your Name _____

Signature & Date _____

FOR OFFICE USE ONLY

Date(s) clear on calendar? Yes _____ No _____ Approved by: Pastor _____ Trustee _____ Rev. Lawrence _____ Office Staff _____

Date of event: _____ Time of event: _____ Room: _____ Date event approved: _____ Time event approved: _____