

ALICE BELL BAPTIST CHURCH
CAMPUS FACILITIES SCHEDULING REQUEST FORM

The following information is required from ALL who wish to reserve and/or use FACILITIES at ABBC. ALL information must be filled in.

Note: It is suggested to read the USE GUIDELINES before filling out or submitting your request form.

DATE(S) REQUESTED : _____

TIME: BEGINNING: _____ AM PM ENDING: _____ AM PM

INDICATE WHICH OF THE FOLLOWING SPACE/FACILITIES YOU WISH TO USE:

SANCTUARY (including choir room, *)	_____	KITCHENETTE (*)	_____
BATISTRY (including sanctuary, *)	_____	PARLOR (*)	_____
FELLOWSHIP HALL (including kitchen, *)	_____	MISSIONS CENTER (*)	_____
CONFERENCE ROOM (*)	_____	OUTSIDE GROUNDS (+)	_____
(* designates restrooms)		(+ no interior use outside)	

DESCRIBE THE ACTIVITIES FOR WHICH YOU WISH TO USE THE SPACE/FACILITIES:

(i.e. sport activity, birthday, wedding, reception, spiritual gathering etc.)

NAME OF PERSON MAKING REQUEST: _____

ADDRESS OF PERSON MAKING REQUEST: _____

PHONE WHERE PERSON MAKING REQUEST CAN BE REACHED: _____

EMAIL WHERE PERSON MAKING REQUEST CAN BE REACHED: _____

NAME OF GROUP TO BE USING FACILITY(IES) (If applicable): _____

IF OTHER THAN THE PERSON MAKING THE REQUEST ABOVE, THE NAME OF PERSON RESPONSIBLE FOR GROUP: _____

ADDRESS OF RESPONSIBLE PERSON FOR GROUP: _____

PHONE WHERE RESPONSIBLE PERSON CAN BE REACHED: _____

EMAIL WHERE RESPONSIBLE PERSON CAN BE REACHED: _____

ABBC member? Yes____ No____ Does your Group have Insurance? Yes____ No____

I UNDERSTAND AND AGREE TO ALL GUIDELINES CONTAINED IN THE ABBC FACILITY(IES) USAGE DOCUMENT ATTACHED.

SIGNED: _____

DATE: _____

For ABBC Trustee Use:

APPROVED: _____ YES _____ NO

DATE: _____ Trustee Representative: _____

NOTES: