FACILITY USE REQUEST

Fill in the information below, read and sign the back of this form and return to the church office.
Forms will not be processed without your signature on the back, indicating that you have read and will abide by the facility policy.

YOUR NAME: _____ TODAY'S DATE: _____

❑ CONTACT ME BY PHONE: _____ ❑ CONTACT ME BY EMAIL: _____

PURPOSE FOR USE: _____

DATE(S) OF USE: _____

REOCCURRING EVENT? PLEASE SPECIFY (ex. 1st Wed. ea. month): _____

REOCCURRING EVENT END DATE: _____

EVENT STARTING TIME: _____ EVENT ENDING TIME: _____

TO ALLOW FOR ADDITIONAL SETUP AND CLEAN UP TIME, FACILITY SPACE WILL BE NEEDED

FROM: _____ TO: _____

FACILITY SPACE REQUESTED (*please circle all areas to be used*):

Chapel	Gymnasium	Kitchen	Music Lab	Practice Field
Conference Rm.	Hospitality Rm.	Kitchenette	Nursery (Infant)	Soccer Field _____
Fellowship Hall	Jr. Church Rm.	Library	Nursery (Toddler)	Classroom # _____

Do you need to store any items? ❑ Yes ❑ No

If yes, describe item(s) & storage need _____

_____

Other: _____

OFFICE USE ONLY:

Date Received:

_____

Casoni
Silva
Burgoyne
Poitras
Spinale

_____
_____
_____
_____
_____

ADDITIONAL ITEMS REQUESTED (*please specify equipment needed*):

Chairs # _____ Paper Goods Needed (church events only) ❑ Yes ❑ No (If yes see next page for checklist.)

6 ft. Tables # _____ Kitchen Equipment: _____

8 ft. Tables # _____ Sound Equipment: _____

Other: _____

ADDITIONAL INFORMATION ABOUT EVENT/REQUEST: _____

_____

_____

PERSON RESPONSIBLE: _____

Calvary Bible Church Member? ❑ Yes ❑ No

OFFICE USE ONLY ***DATE:*** _____

CHURCH ADMINISTRATION

Approved _____ **Denied** _____ **Reason/Comments:** _____

_____

FACILITIES MANAGER

Approved _____ **Denied** _____ **Reason/Comments:** _____

_____

PAPER GOODS REQUESTED (For Church Events Only) Estimated # of People: _____

Check all Requested Items:

❑ Forks	❑ Coffee cups w/lids	❑ Bowls
❑ Knives	❑ Coffee Stirrers	❑ Plates (small)
❑ Spoons	❑ Cold cups (9 oz.)	❑ Plates (large)
❑ Soup spoons	❑ Cold cups (16 oz.)	❑ Table covering (white roll)
❑ Tall spoons	❑ Napkins	❑ Placemats: specify color: _____

Note: Tablecloths are owned by Women's Ministries. Please contact the Chair of Women's Ministries for further info.

POLICY FOR USE OF FACILITY & EQUIPMENT

1. The church office will contact you once the request has been approved or denied. Until then, the request is not approved.

2. Conflicts: Any reservation conflicts will be resolved by the church office.

3. Changes: If there are any changes to your original request after it has been approved, you must submit a change request form (yellow copy) to seek approval. This change form can be obtained from the church office.

4. Priority: Church functions have absolute priority when considering availability. Calendar reservations may be made 12 months to 1 week in advance of the event date with approval.

5. Fees & Other Requirements: If applicable, will be communicated after approval process and due at least 1 week before usage.

6. Prohibited: The use of alcohol, tobacco, illegal substance or profanity will be prohibited on any part of the property.

7. In the event that this request is approved, you will be responsible for, but not limited to, the following:
   - Cleanliness of the facility space used
   - Cleanliness of any rest rooms used
   - All trash placed in dumpster (code is 1-4-5)
   - All lights are to be turned off
   - All doors must be locked upon exiting the building
   - Any borrowed key(s) returned

I have read the above policy, understand the approval process and will be responsible for what is required of those who use the facility in the event that this request is approved.

Signature: _____

For questions or further needs concerning an approved request, please contact:

Trina Silva, Church Secretary
603.434.1516 X100
secretary@cbcderry.org

For Emergency Assistance for a building issue, please call or text:
Ron Poitras, CBC Director of Operations
603.459.5253