

PROVIDENCE MISSIONARY BAPTIST CHURCH
Facility Use Request Form

Person Making Request: _____ Date _____

Contact Person(s): _____ (Primary) _____ (Phone)

Contact Person(s): _____ (Secondary) _____ (Phone)

Primary Contact Address: _____

City: _____ State: _____ Zip Code: _____

Name of Event/Activity: _____ # of People: _____

Sponsoring Organization: _____ PMBC Organization? Yes ___ No ___
(If no, there may be a facility use fee)

Type of Event/Activity: _____ Is this a recurring activity? Yes ___ No ___

Is this a fee/ticketed event? Yes ___ No ___ Will there be a monetary collection during the event? Yes ___ No ___

Day/Date: 1st Choice _____ Time: _____ a.m./p.m. until _____ a.m./p.m.

2nd Choice _____ Time: _____ a.m./p.m. until _____ a.m./p.m.

FACILITIES and EQUIPMENT NEEDS:

Space/facility will be assigned based on requestor's needs and space availability

- | | |
|--------------------------------------|--|
| _____ Classroom/Meeting Room | _____ Sound System – Sanctuary (Audio Technician Required---fee) |
| _____ Assemble Room | _____ Microphone |
| _____ Sanctuary (Seats 600) | _____ Lectern / Podium |
| _____ Chapel (Seats 180) | _____ Television _____ VCR _____ LCD Projector |
| _____ Fellowship Hall (Stage Area) | _____ Projection Screen |
| _____ Fellowship Hall (Kitchen Area) | _____ Organ |
| _____ Kitchen | _____ Piano |
| _____ Open Space Activity Area | _____ Bus--- seats 16 (There maybe be a .55 per mile fee) |
| _____ Other _____ Please specify | _____ Van--- seats 7(There maybe be a .55 per mile fee) |

Other Information: _____

There may be a maintenance and security fee for use of the facility outside normal operating hours.

Office Use Only

Approved By _____ **Date** _____

Facility/Equipment Assigned _____

Fee? If yes, amount _____

Start Day/Date: _____ Start Time _____

End Day/Date: _____ End Time _____

NOTES: _____
