



MOUNT PLEASANT
baptist church

EVENT/ACTIVITY/OUTREACH REQUEST FORM

Date Request Submitted:

Ministry Leader:		Ministry Leader Email:	
Ministry Leader Contact #:			
Event/Activity/ Outreach Project Name:			
Speaker required:		Speaker's Name/Affiliation/Website	
Event Time 1:		Event Time 2:	Event Time 3:
Event Date 1:		Event Date 2:	Event Date 3:
Detailed Event Description:			
Target Audience:			

Event Location:

Sanctuary Banquet Room		Family Life Center	Off-Site
Provide Off-Site Location:		Off Site Contact #:	
Will transportation be needed?		Number of people:	
Total budgeted amount for the event:		Approved church budget item?	
If you answered no, what amount are you requesting the church assistance?		Are you charging an assessment from participants/amount?	

Please attach a detailed budget for this event. Please include all items needed to carry out the event.

Administrative Personnel Use Only

Activity Approved:	Budget Approved:	Date Approved:
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Roderick Weathersby, Interim Pastor:



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REQUEST FOR USE OF FACILITIES

MINISTRY / ORGANIZATION INFORMATION

Ministry Making Request: _____

Contact Person for Ministry: _____

Email: _____ Phone: _____

Purpose of Use: _____

ACTIVITY INFORMATION

Activity: _____

Date(s): (mm/dd/yyyy) _____

Time(s) of Event: From: _____ To: _____

Number of Person(s) Expected: _____

Time(s) access required: _____

Facility Request: Rena's Chapel Sanctuary Gymnasium

Kitchen

Banquet Hall only:

Room Setup: NOTE: Please write number needed beside each item checked.

Round Tables # (seated per 8): _____

Rectangular Tables #: _____

Chairs #: _____

Chairs Only (#): _____

Chairs Theater Style #: _____

Podium _____

Special Setup: Diagram shown on reverse side or attached.

A/V Equipment Requested: NOTE: Please write number needed beside each item checked.

TV/VCR/DVD (specify): _____

Sound Equipment (specify): _____

NOTE: Sound engineer must be present.

Musical Instruments (specify): _____

NOTE: May need special approval.

Main Kitchen Use Requested:

Serving Counter Only

Refrigeration

Stove & Oven

Microwave

Ice Machine

Other Special Needs: _____

AGREEMENT

I have read the conditions outlined on the *Guidelines for Use of Facility* form and agree to abide by same, and to make every effort to insure that our guests do likewise, if we are permitted the use of these facilities.

Signature of Responsible Person: _____

Date: _____

Administrative Personnel Use Only

A Hold Harmless **Insurance Form** is required for outside groups using the facility. **Date Received:** _____

Request approved by personnel [] Yes [] No

Name: _____ **Date:** _____

Request rejected by personnel [] Yes [] No

Name: _____ **Date:** _____

[] Activity placed on calendar:

Name: _____ **Date:** _____

[] Confirmation Email Sent:

Time: _____ **Date:** _____

[] Copy of approved/denied form sent to Responsible Person, and placed in files.