

# *Request for Use of Facilities*

**First Baptist Church  
301 S Wayne Ave  
Waynesboro VA 22980  
(540) 949-8187**

Requested Date \_\_\_\_\_

Actual Event Time: From \_\_\_\_\_ to \_\_\_\_\_

Estimated Arrival Time \_\_\_\_\_ Estimated Departure Time \_\_\_\_\_

Group/Organization Making Request \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

If a First Baptist Church member is involved, please state name \_\_\_\_\_

Has your group used FBC before? Yes \_\_\_\_\_ No \_\_\_\_\_

Estimated number of people in group \_\_\_\_\_

## **Request is made for the following space(s):**

- Fellowship Hall                       Sanctuary  
 Kitchen                                       Canada Room  
 Lower Fellowship Hall

**Briefly describe the nature of your event** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Do you need the sound system?** \_\_\_\_\_ If yes, specifically what do you need? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(over)

**Do you need the Grand Piano? \_\_\_\_\_**

**If you will be using the kitchen, a hostess will assist you with directions and guidelines.**

**You will be charged an initial amount for custodial services based on our projections for set-up and clean-up. Should actual costs exceed the estimate, you will be billed accordingly.**

***Attach a copy of the certificate of your group's liability insurance to this form.***

Your request is subject to approval, based on policies and space requirements of other groups using facilities simultaneously. Your signature below will assure FBC that you agree to comply with the rules and regulations stated on the previous page.

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Signature

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Date