



GROVE BAPTIST CHURCH
Request for Use of Church Facilities and Equipment
Other than wedding or funeral
(Preferably submit at least three (3) months prior to requested date)

PLEASE PRINT

Date of Event: _____ Time: _____ (a.m.) _____ (p.m.) Time need to access/leave facility: _____
Month /Day/Year

Event Name: _____

Organization Requesting Use: _____

Contact Name: _____
First Middle Last

Address: _____
Street/Apt No. City State Zip Code

Home Phone: _____ Business Phone: _____ Cell Phone: _____

Are you a member of Grove? ___ Yes ___ No If no, name of Church where membership is held: _____

FACILITIES NEEDED AND DATE(S) FOR EACH

_____ Sanctuary(S) _____ Fellowship Hall (FH) _____ Prayer Garden (PG)
_____ Back Parking Lot (BPL) _____ Front Parking lot (FPL) _____ Multipurpose Room (MR)
_____ Kitchen (non-cooking only) (K) _____ Multipurpose Center Room

EQUIPMENT/SERVICES NEEDED

For each facility checked above (use facility initials)

_____ Sexton/Custodian/Security (Required) _____ Sound System/Operator * (Required for Sanctuary)
_____ Video Projection Operator _____ Musician _____ Chair(s) _____ Organ (Sanctuary Only)
_____ Piano (Sanctuary Only) _____ Table(s) _____ TV/VCR _____ Date Projector/Screen
_____ *Sound Recording

REQUIREMENTS FOR USE OF FACILITIES, EQUIPMENT AND SERVICES

- *A \$100 nonrefundable deposit is required within five (5) days of approval.*
- *A Certificate of Insurance naming Grove Baptist Church as insured is also required.*
- *CHECK SHOULD BE MADE PAYABLE TO GROVE BAPTIST CHURCH.*

