

**Calvary Baptist Church
Facility Request Form**

Name of Person Making Request:	Group (if applicable):
Contact Address:	Contact Phone:
Space(s) Requested (check all that apply): ___ Sanctuary (\$400 use fee - \$75 cleaning deposit) ___ Fellowship Hall/Kitchen (\$400 use fee - \$75 cleaning deposit) ___ Chapel (\$200 use fee) ___ Classroom (\$25 use fee) – Please specify room or rooms: _____ _____ _____	Date(s) Requested: Time(s) of Use: Start Time: _____ End Time: _____
Personnel Requested (check all that apply): ___ Church Musician (\$75 per hour personnel fee) ___ Church Sound Operator (\$75 per hour personnel fee) TOTAL FEES TO BE COLLECTED AT TIME OF RESERVATION: _____	
Please describe the type of activity for which the space is being requested:	
Please describe any special equipment needs:	

CHURCH USE ONLY	
Received by:	Date Received:
Approved by:	Date Approved:
Any Comments, Restrictions, or Guidelines Concerning Use	