

# FACILITY RESERVATION REQUEST FOR ST. JOHN BAPTIST CHURCH FACILITIES

Deadline for submitting: Must be in Church office Ten (10) days before or the week before  
the week the use of the room is required

IF REQUESTING THE KITCHEN AND/OR PANTRY, PROOF OF FOOD HANDLERS CARD(S)  
MUST BE ATTACHED OR ON FILE IN OFFICE BY ALL WHO WORK IN MINISTRY.

		1. DATE FORM SUBMITTED	
2. DATE REQUESTED _____ _____ RECURRING _____ NON-RECURRING		3. TIME (Include set-up thru clean-up time.)	
<b>4. FACILITY REQUESTED</b> <input type="checkbox"/> SANCTUARY <input type="checkbox"/> FELLOWSHIP HALL <input type="checkbox"/> KITCHEN <input type="checkbox"/> COMPUTER ROOM <input type="checkbox"/> NURSERY <input type="checkbox"/> PANTRY <input type="checkbox"/> LIBRARY (ROOM 108) <input type="checkbox"/> WOMEN'S LOUNGE (ROOM 110) <input type="checkbox"/> MEN'S LOUNGE (ROOM 202) <input type="checkbox"/> FINANCE OFFICE <input type="checkbox"/> ROOM 111 <input type="checkbox"/> ROOM 112 <input type="checkbox"/> ROOM 113 <input type="checkbox"/> ROOM 114 <input type="checkbox"/> ROOM 115 <input type="checkbox"/> ROOM 116 <input type="checkbox"/> ROOM 117 <input type="checkbox"/> ROOM 118 <input type="checkbox"/> ROOM 119 <input type="checkbox"/> ROOM 120 <input type="checkbox"/> ROOM 121 <input type="checkbox"/> ROOM 122 <input type="checkbox"/> ROOM 201 <input type="checkbox"/> ROOM 203 <input type="checkbox"/> ROOM 204 <input type="checkbox"/> ROOM 205 <input type="checkbox"/> ROOM 207 <input type="checkbox"/> ROOM 208 <input type="checkbox"/> ROOM 209 <input type="checkbox"/> ROOM 210 <input type="checkbox"/> ROOM 211 <input type="checkbox"/> ROOM 212 <input type="checkbox"/> ROOM 213 <input type="checkbox"/> ROOM 214 <input type="checkbox"/> ROOM 215			
5. PROGRAM NAME OR TITLE (Print)			
<b>6. PROGRAM DESCRIPTION</b> <input type="checkbox"/> Worship Service <input type="checkbox"/> Choir Rehearsal <input type="checkbox"/> Bible Study <input type="checkbox"/> Wedding <input type="checkbox"/> Wedding Rehearsal <input type="checkbox"/> Ministry Meeting <input type="checkbox"/> Ministry Event <input type="checkbox"/> Ministry Workshop <input type="checkbox"/> Dance/Praise Rehearsal <input type="checkbox"/> Non-Ministry Use (Explanation)			
7. NUMBER EXPECTED TO ATTEND:			
<b>8. SPECIAL REQUIREMENTS AND FACILITY SET-UP (Please Print)</b> Use diagram if necessary and furnish any additional information on requirements, i.e., table/seating arrangements etc.....          			
<b>9. EQUIPMENT REQUIRED</b> <input type="checkbox"/> Video Tape Player <input type="checkbox"/> Television Monitor <input type="checkbox"/> Overhead Projector <input type="checkbox"/> Screen <input type="checkbox"/> Cassette/CD Recorder <input type="checkbox"/> Podium <input type="checkbox"/> Extension Cord <input type="checkbox"/> Other (Specify) _____			
10. SIGNATURE OF REQUESTER		11. WORK PHONE	12. HOME PHONE
13. SIGNATURE OF MINISTRY DIRECTOR		14. WORK PHONE	15. HOME PHONE
<b>COORDINATION (For completion by Church Staff)</b>			
<div style="border: 2px solid black; padding: 5px;">           ADDITIONAL INFO OR COMMENTS:         </div>			INITIALS
	<b>STAFF MEMBER PROCESSING REQUEST</b>		
	<b>PASTOR REAVES</b>		
In signing this form I agree to abide by the procedures and responsibilities for use of the church facilities including those found on the reverse side of this form.			

**(Keep a copy of your approved form)**  
**RESPONSIBILITIES FOR USE OF ST. JOHN FACILITIES**

1. To schedule any of the church facilities, please complete this form the week before the use of the room is required. This form can be obtained from the secretary's office. Office hours are from 10:00 a.m. to 6:00 p.m. Monday - Thursday.
2. St. John Baptist Church Worship Services/Programs have priority over all other activities or programs.
3. All activities should have a minimum of 30 minutes between them to allow for clean up of previous activity and set up of the next one.
4. In the event your program/activity is cancelled, be sure to contact the church secretary at 855-9351 as soon as possible so that unnecessary set-ups are not preformed.
5. At the close of your program/activity, whether you have used the sanctuary, fellowship hall or kitchen area, unless Staff Support was provided, you are responsible for the following:

◇ **SANCTUARY**

- A. ENSURE HYMNAL AND BIBLES ARE REPLACED NEATLY IN PEW RACKS.
- B. ENSURE BULLETINS AND/OR PAPERS ARE CLEARED AWAY.
- C. NO FOOD OR DRINK IS PERMITTED IN THE SANCTUARY
- D. FOR WEDDINGS.... USE DRIPLESS CANDLES ONLY.

◇ **FELLOWSHIP HALL**

- E. RESTORE FELLOWSHIP HALL TO ORIGINAL SET UP.  
(Return to the way you found it.)
- F. TAKE OUT TRASH TO DUMPSTER IN PARKING LOT.
- G. SWEEP (If needed)
- H. ENSURE ALL ELECTRICAL APPLIANCES ARE TURNED OFF AND UNPLUGGED.

