



**BEREAN BAPTIST CHURCH**  
**517 Glensford Drive ~ Fayetteville, NC 28314**  
**(910) 868-5156**

**GENERAL USE FACILITY REQUEST FORM**

Date of Event \_\_\_\_\_ Day of Week \_\_\_\_\_ Start Time \_\_\_\_\_ End Time \_\_\_\_\_

1. Name of Organization/Class/Individual(s) \_\_\_\_\_

2. Name/Address of Requesting Party \_\_\_\_\_

3. Home Phone # of Requesting Party \_\_\_\_\_ Work Phone # \_\_\_\_\_

4. Describe the Event to be held \_\_\_\_\_

5. Date & Time Requesting Party will Set Up \_\_\_\_\_

6. List all buildings/rooms you desire to use \_\_\_\_\_

7. Expected Number of People to attend (please indicate by age group) Adult \_\_\_\_\_ College \_\_\_\_\_

Sr. High \_\_\_\_\_ Jr. High \_\_\_\_\_ Grades K - 6<sup>th</sup> \_\_\_\_\_ Preschool \_\_\_\_\_ Nursery \_\_\_\_\_

8. Will food or refreshments be served? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, will you need any of the following equipment? Ovens \_\_\_\_\_ Grill \_\_\_\_\_ Coffee Pot \_\_\_\_\_  
 Freezer \_\_\_\_\_ Large Refrigerator \_\_\_\_\_

9. If using the Coffee Shop, how will you be paying for the coffee? \_\_\_ Donation \_\_\_ Individual \_\_\_ Ministry

10. Number of tables required: Round \_\_\_\_\_ Rectangle \_\_\_\_\_ Number of chairs \_\_\_\_\_

11. Please diagram your set up below for the room requested: (Please see note 4 on back of page.)

12. Will you require any multi-media technical support listed below?

P.A. System \_\_\_\_\_ Video Projector \_\_\_\_\_ TV/DVD Player \_\_\_\_\_

Approved by: \_\_\_\_\_ Date \_\_\_\_\_ Orig. to Admin. \_\_\_\_\_ Copies to: \_\_\_\_\_  
 \_\_\_\_\_ Multimedia \_\_\_\_\_ Requested Party \_\_\_\_\_

13. Please initial each of the following to acknowledge the requirements for use of the facilities:

a. Set up and take down is to be done by the requesting party. \_\_\_\_\_

14. Please indicate person responsible for:

a. Person responsible for kitchen supervision (see note below): \_\_\_\_\_

b. Person responsible for kitchen cleanup: \_\_\_\_\_

c. Person responsible to unlock facilities: \_\_\_\_\_

d. Person responsible for setup: \_\_\_\_\_

e. Person responsible for cleanup: \_\_\_\_\_

f. Person responsible for locking up facilities: \_\_\_\_\_

The kitchen supervisor must have knowledge and experience in using and cleaning the coffee pot, grill, ovens and any other appliances being used.

By signing this form, I attest that I am in agreement with the Berean Baptist Church's Articles of Faith.

\_\_\_\_\_  
Signature of Individual Making Request

\_\_\_\_\_  
Date

NOTES:

1. Use of the church facilities for non-regular church program activities **must be arranged well in advance** through the church office, followed by the completion of this form that **must be submitted at least two weeks** prior to the event date.
2. Upon the approval by the Executive Pastor, the event will be placed on the church Calendar of Events.
3. Your completion of this form indicates your assumption of the responsibility for the facility when used outside normal working hours, including security of the building during and after the activity, and turning on and off lights and other utilities.
4. Room arrangements and set-ups are the **responsibility of the person or group making the request**. If your event requires a special set-up, please submit a drawing or diagram in addition to this form. Special furniture or equipment needs should be arranged at the time this form is completed and submitted.
5. If no special set-up is required, **you must leave the meeting room(s) in its original set-up or arrangement**.
6. Please make sure that all leftover food products and trash are properly disposed of in the outside dumpster.
7. Please note that regular and special programs of BBC will always take precedence over requests.
8. **No commercial or profit-making organization will be granted use of the facility. Please see the Facility Usage Statement.**