

**WILLIAMS BOULEVARD BAPTIST CHURCH**  
**CALENDAR & FACILITIES REQUEST**

Please fill in completely and return to Margaret in church office. Events are not calendared until they are approved by the Minister of Education. Copies will be made and distributed after approval.

Today's Date _____
Submitted by _____
Ministry Area _____
New _____ Revised _____ Cancel _____

**Facilities Use Sheet must be submitted at least 10 days prior to date facilities are needed.**

<b>Activity Date:</b> _____	<b>Activity time:</b> _____ to _____	<b>Contact Person:</b> _____
		<b>Phone (Evening)</b> _____ <b>(Day)</b> _____

<b>Activity/Event:</b> _____	<b>No. of People</b> _____
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**FACILITIES REQUESTED:**

<b><u>Building "A"</u></b>	<b><u>Building "B"</u></b>	<b><u>Building "C"</u></b>	<b><u>Building "D"</u></b>
<input type="checkbox"/> Class Room # _____	<input type="checkbox"/> Sanctuary _____	<input type="checkbox"/> Gym _____	<input type="checkbox"/> Conference Room _____
<input type="checkbox"/> Conference Room _____	<input type="checkbox"/> Room 106 _____	<input type="checkbox"/> Kitchen _____	<input type="checkbox"/> Music Suite _____
	<input type="checkbox"/> Room # _____	<input type="checkbox"/> Class Room # _____	<input type="checkbox"/> Class Room _____
<b>OFFSITE:</b> _____		<b>ONSITE:</b> _____	

<b>EQUIPMENT NEEDED FOR ACTIVITY:</b>	<b>DESCRIPTION OF USE</b>
Tables: Yes ( ) No ( ) # _____	_____ _____ _____ _____ _____
Chairs: Yes ( ) No ( ) # _____	
Microphone : Yes ( ) No ( ) _____ (Gym sound only)	
VCR/TV Yes ( ) No ( ) * as available	
Other: _____	

<b>PAPER PRODUCTS:</b>
Silverware/Cups/Napkins Needed: _____ (amount)
Other: _____

**CHILDCARE:** Yes ( ) No ( ) IF YES, PLEASE CONTACT NURSERY COORDINATOR, JENNIFER BYRD at 443-2363

**ADMINISTRATIVE USE ONLY**

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

REJECTED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

REASON FOR DENIAL: \_\_\_\_\_