

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.

Activity Date: _____	Activity time: _____ to _____	Contact Person: _____
		Phone (Evening) _____ (Day) _____

Activity/Event: _____	No. of People _____
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FACILITIES REQUESTED:

<u>Building "A"</u>	<u>Building "B"</u>	<u>Building "C"</u>	<u>Building "D"</u>
<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 _____
OFFSITE: _____		ONSITE: _____	

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

PAPER PRODUCTS:
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: _____