



Facility / Meeting Space Request Form

Please print clearly and fill out completely.

SECTION 1. GENERAL INFORMATION

Organization / Requestor _____

Name of Primary Contact _____ Phone Number _____

Member of First Baptist, Palm Coast? Yes No

SECTION 2. EVENT INFORMATION

Event Type or Purpose _____

Estimated # of participants _____

Will Food be served? Yes No (No cooking – catered meals only! *See clean up checklist.)

Fundraiser? Yes No

Has event been tentatively cleared on the church calendar? Yes No

SECTION 3. EVENT TIMEFRAME(S)

Setup Date: _____ Start time: _____ am/pm End time: _____ am/pm
(please circle) (please circle)

Event Date(s): _____ Start time: _____ am/pm End time: _____ am/pm
(please circle) (please circle)

(Please include time for set-up, i.e. decorating and clean-up as applicable. See clean-up checklist attached.)

SECTION 4. MEETING SPACE REQUESTED

Room(s) Needed: (Please include all rooms, main and set up, that will be utilized for this event. *See also the rate schedule below.)

Worship Center (occupancy 497)

Activity Center (occupancy 240)

Education Building (classroom occupancy varies, per set up)

Classroom(s) Qty of classrooms: _____

Meeting Room (occupancy 72 @ round tables – 150 with chairs in rows)

Shed Building (occupancy 70)

Pre-K Building (classroom occupancy varies, per set up)

Classroom(s) Qty of classrooms: _____

Choir Room (occupancy 70)

SECTION 5. EVENT SETUP

Name of Group _____ **Event** _____

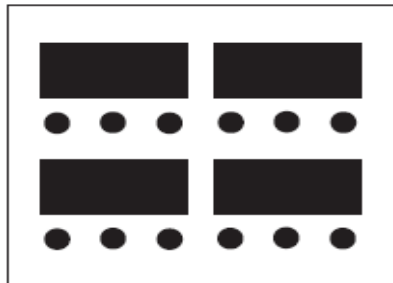
Date(s) of Event _____
Day of the Week Month Day Year

Event Hours ____:____ am pm **until** ____:____ am pm **Number in Group** _____
(set up and clean up time, must be included in reserved hours)

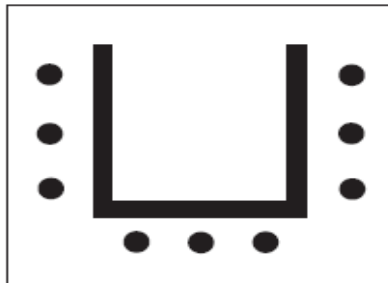
Room(s) Requested _____

STANDARD ROOM SET UP CONFIGURATIONS

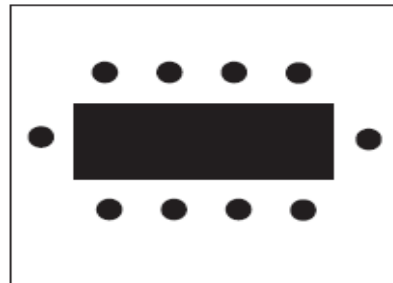
Classroom



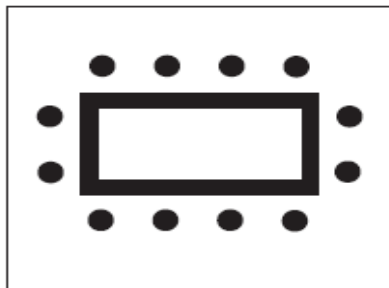
U-Shape



Conference



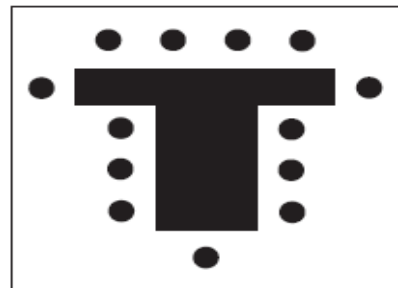
Hollow Square



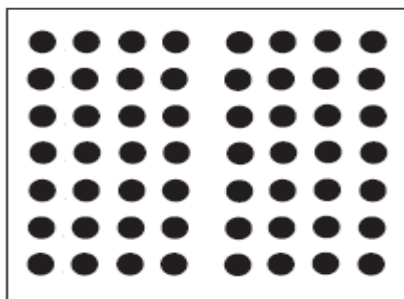
Chevron



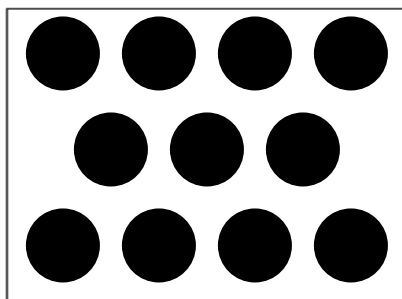
T-Shape



Theater



Banquet (8 chairs per round)



Other



Please include any special set up instructions. (Charges may be assessed to groups that do not return the room(s) requested to relative cleanliness and reasonable order.)

Custodial Use Only: Time In: _____ Time Out: _____

SECTION 6. EQUIPMENT / FURNISHINGS

Equipment / Furnishings Needed: (Equipment and furnishings requested will be provided per availability.)

- Tables Qty Round: _____ Qty Rectangular: _____
- Chairs Qty: _____
- Podium
- Microphone(s) Qty Handheld: _____ 1 Wireless available: _____
- Computer (only available with Meeting Room, Worship Center & Choir Room)
- Sound System (only available with Meeting Room, Worship Center & Choir Room)
- Video Projector (only available with Meeting Room, Worship Center, Choir Room & Shed)
- Whiteboard / Chalkboard
- Other Equipment/Furnishings: _____

SECTION 7. SUPPLIES

Supplies Needed: (Supplies requested will be provided per availability.)

- Foam Plates Qty: _____
- Plastic Flatware Qty Forks: _____ Qty Spoons: _____ Qty Knives: _____
- Napkins
- Serving Utensils Please specify: _____
- Chafing Dishes Qty: _____
- Warmers Qty: _____
- Tablecloths Qty Rectangular: _____ Qty Round: _____
- Other Supplies _____

(Supplies requested are subject to additional fees depending upon the quantity requested.)

SECTION 8. STAFF SUPPORT**Staff Support Needed:**

- Organist / Pianist \$ 50.00 Fee Other Staff (*as available*) _____
- Sound/Video Tech \$ 75.00 Fee

SECTION 9. FACILITY RATE SCHEDULE NON-CHURCH MEMBERS

	<u>General Rate 3-Hour Minimum *</u>	<u>Hourly Rate Over 3 Hours</u>
Worship Center	\$500	\$100
Activity Center	\$500	\$100
Meeting Room	\$200	\$ 50
Education Building	\$500	\$100
Pre-K Building	\$200	\$ 50
Choir Room	\$200	\$ 50
Shed Building	\$200	\$ 50
Classroom	\$100	\$ 25

***NON-MEMBERS:** Charges include Custodial Support. Organist / Pianist fees and Sound System Support (for where Sound System is applicable) are not included in the Facility Rate Schedule. See “Staff Support” section above.

SECTION 10. FACILITY RATE SCHEDULE CHURCH MEMBERS ONLY

	<u>General Rate 3-Hour Minimum *</u>	<u>Hourly Rate Over 3 Hours</u>
Worship Center	\$250	\$100
Activity Center	\$250	\$100
Meeting Room	\$100	\$ 50
Education Building	\$250	\$100
PK/Children’s Building	\$100	\$ 50

Choir Room	\$100	\$ 25
Shed Building	\$100	\$ 25
Classroom	\$100	\$ 25

***CHURCH MEMBERS:** Charges include Custodial Support. Organist / Pianist fees and Sound System Support (for where Sound System is applicable) are not included in the Facility Rate Schedule. See “Staff Support” section above.

SECTION 11. FACILITY AGREEMENT

A. RESERVATIONS:

- Facility / Room reservations are scheduled on a first come, first reserved basis.
- A non-refundable deposit of \$50 is required at the time of scheduling in order to secure a reservation.
- Reservations can be scheduled up to three (3) months in advance.
- Reservations can be scheduled no less than one (1) week in advance.
- **Set-up and clean-up time must be included in the hours reserved for your event.**
- Events running beyond reserved hours will incur charges at the hourly rate over 3 hours.
- A certificate of liability naming First Baptist Church may be required for some events. (See “D” below for additional information.)
- Reservations are subject to cancellation at the discretion of First Baptist Church staff. However, a reasonable effort will be made to honor all reservations.

B. BUILDING / ROOM USE GUIDELINES

In effort to preserve the beauty of the facility, all rooms / equipment reserved must be left in the same condition in which they were found. All requesting groups are asked to do reasonable clean-up of the reserved area after each use. Please abide by the following guidelines for clean-up after use of the facility / room:

1. Arrange chairs/tables in neat order and/or restack.
2. Wipe off table tops after eating.
3. Clean up any new spills on carpet/tile.
4. Check restrooms for tidiness/cleanliness. Pick up any paper trash on floor.
5. Dispose of trash in the proper containers.
6. Kitchen, refrigerator, and stove must be left clean.
7. Make sure stove/oven is off.
8. All kitchen items used must be left clean and in their proper place.
9. Wipe off kitchen countertops.
10. Return all equipment to the location in which it was found and to its original settings.
11. Switch off the lights.
12. Check out was according to permitted time.

****Please do not use any rooms beyond those reserved and agreed upon.**

C. ADDITIONAL GUIDELINES

- No smoking, gambling or alcoholic beverages are allowed on church property.
- The church is a public facility, therefore, all event attendees should be encouraged to wear the proper attire, i.e. no swimsuits; shoes and shirts should be worn at all times.

- The facility is not set up for cooking / frying, therefore, each party should plan for catered meals only.
- Children should be supervised at all times.

First Baptist Church reserves the right to bill the organization / requestor for rooms not left reasonably clean or for any damages to rooms or equipment.

D. CERTIFICATE OF INSURANCE / GENERAL LIABILITY:

A certificate of insurance naming the First Baptist Church of Palm Coast as a certificate holder may be required for some organizations requesting use the facility, i.e. school organizations, sports groups, etc... We must receive a copy of the certificate of insurance within (7) seven days of the reservation.

I have read and understand the above facility / room request requirements. Please process my request for use of the facility.

Signature

Date

Space Subtotal \$_____

Furnishings Supplies Subtotal \$_____

Custodial Support Subtotal \$ 0.00__

Organist/Pianist Support Subtotal \$_____

Audio/Video Support Subtotal \$_____

Event Total \$_____

Deposit Required (\$75) Date Paid: _____

Balance Due \$_____

Balance Due Date (3 days prior to event) ___/___/___ Date Paid: _____

For Office Use Only

Approved Disapproved

*For fundraising events, approval should be sought from the Finance Committee, prior to office approval.

Signature

Date