

Facility / Meeting Space Request Form

Please print clearly and fill out completely

1. GENERAL INFORMATION

Organization/Requestor/Ministry: _____

Primary Contact Name: _____ Phone Number: _____

Member of First Baptist, Palm Coast? ☐ Yes ☐ No

2. EVENT INFORMATION

Event Type / Purpose: _____

Estimated # of participants: _____

Will food be served? ☐ Yes ☐ No (No cooking – catered meals only. See clean-up checklist, item “B”, under the Facility Agreement section.)

Fundraiser? ☐ Yes ☐ No

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

3. EVENT TIMEFRAME

Setup Date: _____ Start Time: _____ am / pm End Time: _____ am / pm

Event Date(s): _____ Start Time: _____ am / pm End Time: _____ am / pm

(Please include time for set-up, i.e., decorating and clean-up as applicable. See clean-up checklist, item “B”, under the Facility Agreement section.)

NOTE: The church buildings close at 9:00pm nightly. All activities must be concluded by 8:45pm.

4. MEETING SPACE REQUESTED

Room(s) Needed: (Please include all rooms, main and set up, that will be utilized for this event.) See Fee Schedule (item #10) for room rental fees.

☐ Worship Center (occupancy 497)

☐ Activity Center (occupancy 240)

☐ The Wallace Education Building (classroom occupancy varies, per set up)

☐ Classroom(s) Qty of classrooms: _____

☐ Meeting Room (occupancy 72 @ round tables or 125+ with chairs in rows)

☐ Shed Building (occupancy 70 with chairs in rows)

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

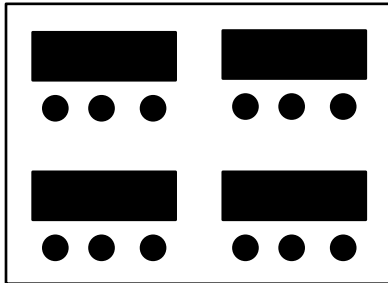
☐ Classroom(s) Qty of classrooms: _____

☐ Choir Room (occupancy 70)

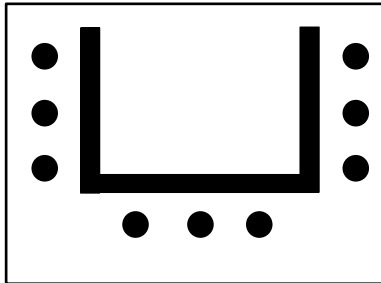
5. EVENT SETUP

STANDARD ROOM SET UP CONFIGURATIONS

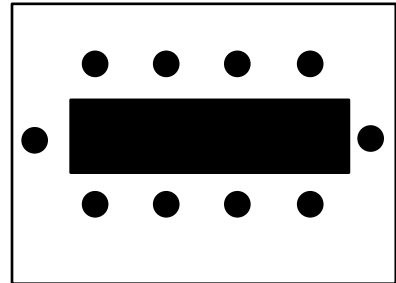
☐ Classroom



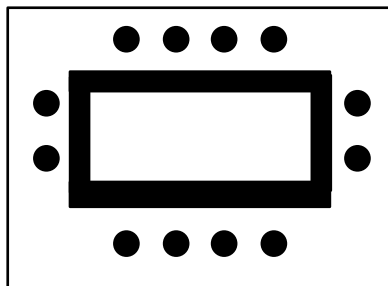
☐ U-Shape



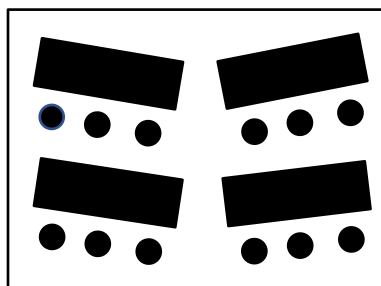
☐ Conference



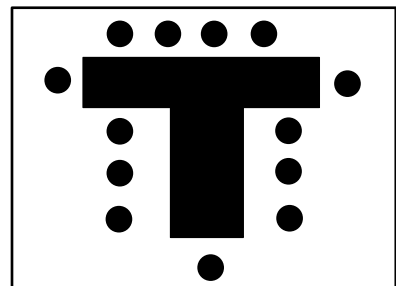
☐ Hollow Square



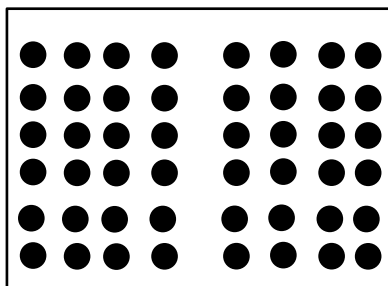
☐ Chevron



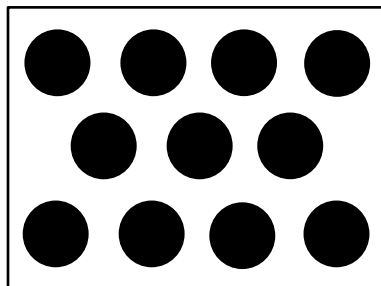
☐ T-Shape



☐ 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: _____

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: _____ Wireless (1 available): _____
- ☐ Computer (only available in the Meeting Room, Worship Center & Choir Room)
- ☐ Sound System (only available in the Meeting Room, Worship Center, Choir Room & Shed)
- ☐ Whiteboard / Chalkboard
- ☐ Other Equipment/Furnishing _____

7. SUPPLIES

- ☐ Foam Plates Large Qty: _____ Small Qty: _____
- ☐ Cups Qty Coffee: _____ Qty Cold: _____
- ☐ 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 will be provided based on availability and subject to additional fee depending on the quantity requested.)

8. DECORATIONS REQUEST FOR MINISTRY EVENTS ONLY

Requests for decorations should be submitted to the Flowers and Decorating Ministry two weeks prior to the event date.

The Flowers and Decorating Ministry can provide your ministry the following items for your event: centerpieces (limited variety of premade florals), mirrors, and votive candles. Please complete the information below:

Contact Name: _____ Phone Number: _____

Ministry: _____ Event Date: _____ Event Time: _____

What is the theme of the event: _____

Centerpieces:

- Centerpieces needed for: # of tables: _____
- Mirrors (to place under the centerpiece): ____ Yes ____ No
- Votive candles: ____ Yes ____ No

A member of the Flowers and Decorating Ministry will contact you regarding approval of your request.

NOTE: Decorations are provided at the discretion of the Flowers and Decorating Ministry. Decorations are **NOT** provided for weddings, wedding receptions, bridal or baby showers, funerals (except for the repast), and non-member events.

9. STAFF SUPPORT

Staff support needed (see fee schedule below):

☐ Pianist/Organist ☐ Sound Tech ☐ Video/Camera Tech

10. FEE SCHEDULE

NON-CHURCH MEMBER FEES

Pianist/Organist	\$50.00
Sound Tech	\$75.00
Video/Camera Tech	\$75.00

	General Rate 3-Hour Minimum	Hourly Rate Over 3 Hours
Worship Center	\$500	\$100
Activity Center	\$500	\$100
Meeting Room	\$200	\$ 50
Wallace Education Bldg.	\$500	\$100
Pre-K Building	\$200	\$ 50
Choir Room	\$200	\$ 50
Shed Building	\$200	\$ 50
Classroom	\$100	\$ 25

Fees include custodial support. First Baptist Church reserves the right to bill for rooms not left reasonably clean and for any damages to rooms or equipment.

CHURCH MEMBER FEES

Pianist/Organist	\$50.00
Sound Tech	\$75.00
Video/Camera Tech	\$75.00

	General Rate 3-Hour Minimum	Hourly Rate Over 3 Hours
Worship Center	\$250	\$100
Activity Center	\$250	\$100
Meeting Room	\$100	\$ 50
Wallace Education Bldg.	\$250	\$100
Pre-K Building	\$100	\$ 50
Choir Room	\$100	\$ 25
Shed Building	\$100	\$ 25
Classroom	\$100	\$ 25

Fees include custodial support. First Baptist Church reserves the right to bill for rooms not left reasonably clean and for any damages to rooms or equipment.

11. FACILITY USE AGREEMENT

A. RESERVATIONS

Initial

- Facility/room reservations are scheduled on a first come, first reserved basis.
- A non-refundable deposit of \$75 is required at the time of scheduling 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 of Palm Coast may be required for some events. (See item "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

Initial

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 tables after use.
3. Clean up any new spills on floors.
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 cleaned.
7. Make sure stove/oven is off.
8. All kitchen items used must be left clean and returned to their proper place.
9. Wipe off kitchen counters.
10. Return all equipment to the location in which it was found and to its original settings.
11. Turn off the lights.
12. Check out was according to permitted time.

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

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

C. ADDITIONAL GUIDELINES

Initial

- No smoking, vaping, gambling, or alcoholic beverages are allowed on church property.
- The church is a public facility; therefore, all event attendees should 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.

D. CERTIFICATE OF INSURANCE / GENERAL LIABILITY

Initial

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

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

Signature: _____

Date: _____

I have received a copy of the Facility Use Agreement.

Initial

FEES

Room(s) Rental \$ _____
Equipment/Furnishings/Supplies \$ _____
Organist/Pianist \$ _____
Audio Tech Support \$ _____
Video/Camera Tech Support \$ _____
Event Total \$ _____

PAYMENTS

\$75 Non-refundable deposit Date Paid: _____

Balance Due Date (3 days prior to event) Date: ____/____/____

Balance Due \$ _____ Date Paid: _____

For Office Use Only

☐ Approved ☐ Disapproved

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

Signature

Date