

The Bible Church of Little Rock

Facilities / Equipment / Van Request form

Event/Ministry Program Information

Start Date: _____ End Date: _____ Number Attending: _____

Days of Week: Monday Tuesday Wednesday Thursday Friday Saturday Sunday
(circle day(s) You are requesting use)

Frequency: One time Weekly Monthly Other
(please attach a calendar schedule for events / ministry that meet more than once)

Setup time: _____ Begin Time: _____ End Time: _____

Event Purpose:

Are you charging for the event: Yes _____, No _____;
If yes, how much per person _____

Contact Name: _____

Address: _____

Phone: _____ Email: _____

Authorized Overseer: _____; Phone: _____

Must be present at all events. Person must be an elder, deacon, or a church member authorized by the Board of Deacons or a member of the Pastoral Staff or Church Administrator. This person will be responsible for lock up, lights out, etc. and ensuring that proper clean up takes place.

Pastor Signature: _____

Rooms Requested (check all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Worship Center | <input type="checkbox"/> A203 Kitchenette | <input type="checkbox"/> A106 3 yr old |
| <input type="checkbox"/> First floor Foyer | <input type="checkbox"/> A204 Adult | <input type="checkbox"/> A109 3 yr old |
| <input type="checkbox"/> B109 Cry Room | <input type="checkbox"/> A205 Adult | <input type="checkbox"/> A111 Infants |
| <input type="checkbox"/> B114 Prayer Room | <input type="checkbox"/> A206 Adult | <input type="checkbox"/> A115 Nursing Room |
| <input type="checkbox"/> Second Floor Foyer | <input type="checkbox"/> A207 Adult | <input type="checkbox"/> A212 1 st grade |
| <input type="checkbox"/> C101 Choir Room | <input type="checkbox"/> A208 Adult | <input type="checkbox"/> A214 2 nd grade |
| <input type="checkbox"/> C104 Kitchen | <input type="checkbox"/> A209 Adult | <input type="checkbox"/> A216 3 rd grade |
| <input type="checkbox"/> C107 Activity Center | <input type="checkbox"/> A210 Adult | <input type="checkbox"/> A220 4 th grade |
| <input type="checkbox"/> C200 Student Center | <input type="checkbox"/> A211 Adult | <input type="checkbox"/> A221 Pre-K |
| <input type="checkbox"/> C201 Junior High | <input type="checkbox"/> A100 Toddler 1 | <input type="checkbox"/> A222 5 th -6 th Grade |
| <input type="checkbox"/> The Loft | <input type="checkbox"/> A101 Toddler 2 | <input type="checkbox"/> A223 Kindergarten |
| <input type="checkbox"/> A201 Adult | <input type="checkbox"/> A103 Toddler 3 | <input type="checkbox"/> A224 5 th -6 th Grade |
| <input type="checkbox"/> A202 | <input type="checkbox"/> A104 4 yr old | |

Kitchen Use

Date: _____ Setup time: _____ Begin Time: _____ End Time: _____
Event: _____
Contact Person / Phone number: _____ / _____
Approval by Wanda Gerke: _____
Names of Clean up Team: _____

Equipment Needed

_____ Microphone
_____ VCR/TV
_____ Screen
_____ Overhead Projector
_____ Slide Projector
_____ Sound System
_____ Activity Center Scoreboard
_____ Podium
_____ Volleyball Equipment
_____ Basketball

Note: If you desire to use any of the equipment in our Worship Center, the church will provide the individual to run the equipment at a fee (see Facility Use Policy)

Van Use

Pickup date and Time: _____
Return date and Time: _____
Driver: _____; DL#: _____; State: _____
Purpose: _____
Person responsible for cleaning the vehicle: _____

Special Request / Instructions

Office Use Only

Date Received in Church Office: _____; Received by: _____
Final Approval (Church Administrator, Chairman Deacons, or Vice-Chairman Deacons): _____

Fees:

Worship Center: _____	Logged-Calendar _____
Activity Center / Kitchen: _____	Confirmed _____
Classroom(s): _____	Notebook _____
Janitorial Services: _____	
Sound / Lighting Technician: _____	
Organist / Pianist: _____	
Nursery Director: _____	

Insurance Required: _____