

First Baptist Church of Jacksonville

Calendar Request/Facility Use Form

- Copy to Custodian Minister in Charge
 Calendar Copy to Administration
 FBC Campus Eaglepoint Campus

Please complete entire form and turn in 4 weeks prior to event. The event must be approved by the ministerial staff.

Date Submitted:		Submitted By:	Phone #:
Event Dates: From: To:		FBC Campus: <input type="checkbox"/>	EaglePoint Campus: <input type="checkbox"/>
FBC Member Y <input type="checkbox"/> N <input type="checkbox"/>		Public Event (Open to Church) <input type="checkbox"/> Private Event <input type="checkbox"/>	
Event Name:		Rooms Requested:	
Type of Event: <input type="checkbox"/> Anniversary/Birthday Party <input type="checkbox"/> Luncheon/Banquet <input type="checkbox"/> Wedding & Reception <input type="checkbox"/> Baby Shower <input type="checkbox"/> Meeting <input type="checkbox"/> Wedding Shower <input type="checkbox"/> Bible Study <input type="checkbox"/> Ministry Activity or Event <input type="checkbox"/> Worship/Drama or Music <input type="checkbox"/> Church Transportation <input type="checkbox"/> Private Party <input type="checkbox"/> Other (Describe below) <input type="checkbox"/> Fellowship <input type="checkbox"/> Seminar/Training Conference			
Event Start Time:		Event End Time:	
Estimated Set-Up Time:		Estimated Tear Down Time:	
Church Related? Y <input type="checkbox"/> N <input type="checkbox"/>		Church Ministry Involved:	
Announce in Bulletin? Newsletter? Y <input type="checkbox"/> N <input type="checkbox"/>		Security Needed? Y <input type="checkbox"/> N <input type="checkbox"/>	
Description of Event			
Number Expected to Attend:			
Is Internet Access Needed? Y <input type="checkbox"/> N <input type="checkbox"/>		Is kitchen/cook help needed? Y <input type="checkbox"/> N <input type="checkbox"/>	
Set-up Requested			
<small>Draw diagram on back of sheet. If submitting this form electronically, please submit set-up diagram 4 weeks prior to event.</small>			
Resources Needed:			
Special Needs/Comments:			
For Staff Use Only:			
Staff Approval:		Date:	
Fee:		Date Received:	

Revised: 4/6/10