## **Nazarene Missionary Baptist Church**

## FACILITY USE REQUEST FORM

(Please complete all information on this form)

Name of your Organization / Auxiliary / Group	Date of Event	Start Time	End Time
Event / Meeting Purpose		How many will attend your event / meeting?	
Is this an NBC Sponsored Event / Activity?	Rooms Requested?		
Yes No	(First priority is given to NBC Functions)		
Meeting / Event Coordinator: (Name)			
Contact Person Responsible for the Meeting / Event	Contact Person's Phone Number and / or Email		
Special Room Arrangements	A/V, Equipmen	t Needs	
Please contact the Church Office in advance to confirm the availability and cost of any special A/V needs.			
Cleaning Re	equirements		
Cleaning Row Will you be serving Food or Drinks?	Will you be usi	ng the kitchen or its	equipment?
	1		equipment?
Will you be serving Food or Drinks?  Yes No  Normal clean-up is required for any meeting were food or drinks. The use of the kitchen for cooking or other meal preparation means.	Will you be using Yes Nos are served.	Deposits Required	
Will you be serving Food or Drinks?  Yes No  Normal clean-up is required for any meeting were food or drinks.	Will you be using Yes Nos are served.		equipment?  Amount Received
Will you be serving Food or Drinks?  Yes No  Normal clean-up is required for any meeting were food or drink: The use of the kitchen for cooking or other meal preparation me in advance. A facility cleaning deposit, per the Nazarene Facilit may also be required. Copies available from church office.  Attached is the "Normal" operating hours for NBC. While the	Will you be using Yes Nos are served. Use Policy	Deposits Required	Amount Received
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This form must be submitted at least 2 weeks prior to your meeting / event. You will receive confirmation for your meeting / event from the church office.