

**FIRST BAPTIST CHURCH OF PORT CHARLOTTE, FLORIDA
CHURCH FACILITIES/EQUIPMENT REQUISITION FORM**

Today's Date: _____
 Event Date: _____ Event Start Time: _____ Event End Time: _____
 Set Up Time: _____
 Person responsible for this activity: _____
 Telephone: (Day) _____ (Evening) _____
 Name of group / individual requesting use: _____
 Name of event: _____

INDICATE ROOMS NEEDED:

WORSHIP CENTER

- Worship Center
- Welcome Center

FELLOWSHIP HALL

- Main Room
- Classroom # _____
- Kitchen

CCS BUILDINGS

- School Cafeteria
- Choir Room / Chapel
- Building C, Classroom # _____
- Building F, Classroom # _____
- Portable # _____

MINISTRY CENTER

- Gymnasium
- Cafeteria
- Kitchen
- Conference Room
- Child Care Rooms (Specify which ones)

- LIGHTHOUSE** (Excluding Preg. Test Ctr.)

- GROUNDS** (Specify) _____

INDICATE EQUIPMENT NEEDED:

- Sound System
- Television
- VCR / DVD
- LCD Projector With Sound
- Overhead Projector
- Other: _____
- Other: _____

NOTE: All equipment is to stay on the church campus. If equipment is to leave the church property, an "Off Campus Equipment Requisition Form" must be completed.

OTHER NECESSARY INFORMATION:

of People Expected _____
 # of Chairs Needed _____
 # of Tables Needed _____

Please sketch a set up diagram on the back of this form.

PLEASE NOTE: For events occurring on Friday Evening or anytime Saturday, unless other provisions are made with the Church Office, we understand that we are to clean the rooms used after our event, take down tables, and set up chairs for Sunday School. We understand that we are to make arrangements, at least one week in advance, to open the building(s) and, before leaving, we will make sure all doors are locked, all air conditioners/heaters are turned off, all sound equipment is turned off, and all electrical appliances are turned off. The kitchen is to be left in the same condition as we found it. We agree to return any borrowed keys promptly to the Church Office during office hours.

(Signature of person responsible)

FOR OFFICE USE

Request approved by: _____
(Pastor or Administrator)

- Master Event Calendar
- Copies Sent To: (as needed)
- Senior Staff Member: _____
- Buildings Supervisor _____
- Grounds Supervisor _____
- Custodian: _____
- CCS: _____
- Other: _____
- Event Coordinator _____