

MOUNT BETHEL BAPTIST CHURCH

4636 INDIAN RIVER ROAD

VIRGINIA BEACH, VIRGINIA 23456

EMAIL: MBBCTRUSTEE@GMAIL.COM

FACILITY USE MULTI-MEDIA REQUEST FORM

FOR IN-HOUSE MINISTRY USE ONLY

Except where a signature is required, please PRINT all information and complete all items. Note: Incomplete applications, or the failure to include contact information (telephone numbers and email addresses) may delay the processing of your request, and delay submission to the Calendar Administrator for the inclusion of your event on the Church Calendar.

MINISTRY/APPLICANT INFORMATION							
1. Name of Ministry:				2. Date Submitted:			
3. Ministry Contact's Name:				4. Phone: Home and Cell		5. Work #:	
6. Address (Street, City, State, Zip):				7. Email Address:			
EVENT INFORMATION							
8. Event Description:							
9. Start Date:		10. Stop Date:		11. Arrival/Set-up Time:		12. Event Start Time:	13. Event Finish Time:
14. Event Occurs on Which Days? Please check applicable days.							
Sunday		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Is this a re-curring event? (Example: 1 st and 3 rd Tuesday of each month)							
Yes <input type="checkbox"/>		No <input type="checkbox"/>					
16. Is the Event on Church Property? Yes <input type="checkbox"/> No <input type="checkbox"/>				17. If "No," please state the complete address where event is to be held:			
18. If "Yes," please specify where in the facility the Event is to be held by checking the location(s) below:							
<input type="checkbox"/> Sanctuary	<input type="checkbox"/> Fellowship Hall		<input type="checkbox"/> Conference Room		<input type="checkbox"/> On the Grounds		
<input type="checkbox"/> Kitchen	<input type="checkbox"/> Foyer		<input type="checkbox"/> Classroom Number (Please circle): 1, 2, 3, 4, 5.				
<input type="checkbox"/> Resource Room		<input type="checkbox"/> OTHER (Please specify): _____					
19. Please specify below (inside box) what equipment you need and the quantity needed where applicable:							
<input type="checkbox"/> Sanctuary Lighting and Sound		<input type="checkbox"/> Portable Sound System		<input type="checkbox"/> Overhead Projector			
<input type="checkbox"/> Portable Lectern		<input type="checkbox"/> Microphones		<input type="checkbox"/> Chairs (Number needed)			
<input type="checkbox"/> Round Tables (seat 8 each)		<input type="checkbox"/> Rectangular Tables (seat 4-8 each)					

FACILITY USE RULES AND REGULATIONS

1. The Applicant and their Ministry agree to observe the original set up, and to restore the room and all contents to the original set up, including chairs, tables, decorations, and etc., at the conclusion of their event.
2. The Applicant and their Ministry agree to clean up and remove ALL trash. Trash may be placed in the large trash can in the Fellowship Hall or in the dumpster outside. Trash that has developed or will likely develop an odor soon, **must** be deposited in the dumpster outside.
3. The Applicant and their Ministry agree to clean all surfaces, table tops, floors and remove any outside decorations used. Please see your "Trustee Point of Contact" (TPOC) for acceptable means of displaying decorations. NO FLAMES, FIRES, WAX DRIP-TYPE CANDLES, NAILS, GLUES, SPARKLES, PROHIBITED ADHESIVES, CONFETTI OR OTHER SUCH ITEMS MAY BE USED.
4. The Applicant and their Ministry agree to adhere to their approved reservation timetable for the room being used, including date and times.
5. If the Applicant and their Ministry needs to cancel, re-schedule or rearrange any aspect of their facility use reservation, they agree to notify your TPOC via email immediately at: mbbctrustee@gmail.com, to see whether an accommodation or other arrangements can be made.
6. The Applicant and their Ministry agree to familiarize themselves with the Church General Rules & Regulations for Facility Use which apply as well as those above.

CONSENT

I acknowledge receipt of the Mount Bethel Baptist Church's Facility Use Rules and Regulations Agreement and agree to abide by the rules stated therein and agreements put forth therein in this document pertaining to the use of this facility.

Name: _____ Signed: _____ Date: _____
Name: _____ Signed: _____ Date: _____

APPROVAL

Trustee Name: _____ Signed: _____ Date: _____

APPLICANT NOTIFICATION

Trustee Point of Contact (TPOC): _____ Date: _____ Time: _____
Person Notified: _____ How: _____ Date: _____

OTHER NOTIFICATIONS/DETAILS:

Security: Person Notified: _____ How: _____ Date: _____ Time: _____
Other: _____: _____ How: _____ Date: _____ Time: _____