

Bethlehem Baptist Church Event Request & Facility/Equipment Rental Form

(This form is to be used for all events except Weddings & Baby Showers)

General Information

Today's Date ___/___/___

Event: _____

Date(s) of Event: _____

Event Time: _____ to _____

* Reserve Time: _____ to _____

(*Small events please reserve 1 hour prior to your event for set up and reserve 1 hour after for clean-up. For large events please reserve 4 hours prior to your event and reserve 2 hours after for clean up)

Number Expected for Event _____ Set-up Requirements: _____

How will event participants' entry be controlled?

Pre-sold tickets Admission fee at door Free admission to all Pre-registration members/guests

Will there be a financial charge to attendees? Yes No How much will it be? _____

Will an offering be taken during the event? Yes No (if an offering is taken a 10% donation is requested)

Will anything be sold or distributed in association with the event? Yes No Security Needed? Yes No

Event Chairperson: _____

Day-time Phone _____ Home Phone _____ E-Mail _____

Organization: _____ Chairperson's Signature: _____

The following facility/equipment is requested to be reserved: (Please note Bethlehem is a smoke free/alcohol environment)

Main Building

Christian Life Center

Equipment Rental

Sanctuary (*pulpit not included) Multi-Purpose Facility Tables (rectangle tables only) ___# requested

*Pulpit in Sanctuary (please note permission from the Pastor must be granted prior to using the pulpit)

Fellowship Hall Dining Room Chairs (metal folding chairs) ___# requested

Classrooms # ___ requested Green Room Portable Sound System

Choir Room Classrooms # ___ requested

Kitchen* Kitchen*

*Kitchen Facility requested (please note in order to use kitchen requestor must attend training class from Culinary):

Food Prepared in Kitchen Food Brought In BBC Catered Dinner

Limited Kitchen Needs (Servery area: ice, water access, warmers) Wait Staff

Audio/Visual Needs:

Recorded Music: ___ CD ___ Cassette ___ DJ ___ Other (explain) _____

Live Music: ___ Soloist ___ Small Group ___ Choir ___ Band Special Lighting Sound Check

Monitor Screens Request for Event Recording: ___ Audio ___ Video Microphones: ___# Requested
(Lavalier (lapel) microphones are not available)

Instruments: ___ piano ___ organ ___ drums ___ amps for guitar/keyboards

Please note room arrangement instructions:

Banquet Style round table (8 seats) ___ of tables Linen Extended stage

Banquet Style round table (6 seats) ___ of tables Fine China Extended stage w/ head table

Worship Setting Extended stage w/ pulpit furniture

You will be notified within seven (7) business days concerning approval/disapproval of your event.

Security Deposit Information:

Deposit Refund check made payable to (please print name or organization): _____

Address: _____

(Please allow 10 business days for return of security deposit)

For Office Use Only:

Approve Disapprove; Reason _____

Event Planning Coordinator _____ Date ___/___/___

Date Deposit Paid ___/___/___ Amount of Deposit \$ _____ Date Deposit Refunded ___/___/___ Amount of Refund \$ _____

Date Entered on Church Calendar ___/___/___ Event Chairperson notified (date) ___/___/___

