



Facility Usage Request Form

Date & Time Submitted: _____

Person/Group Requesting Facility: _____ Phone #: _____

Address: _____ Email: _____

Person Responsible: _____
(This person must be present for the duration of the event)

Alternative Requestor: _____ Phone #: _____

Description of Event: _____

Date(s) of Event: _____ Time: _____ To: _____

Repetitive Event (Weekly/Monthly): _____ Approximate # of Participants: _____

Will a staff member be present? Yes No If Yes, Who? _____

Area(s) of the facilities needed (Check all that apply)	
Building A	Building B
<input type="checkbox"/> Kitchen	<input type="checkbox"/> Kitchen
<input type="checkbox"/> Main Sanctuary	<input type="checkbox"/> Gym
<input type="checkbox"/> Old Sanctuary	<input type="checkbox"/> Nursery
<input type="checkbox"/> Nursery	<input type="checkbox"/> Sunday School Room # _____
<input type="checkbox"/> Sunday School Room # _____	<input type="checkbox"/> Other: _____
Equipment/Personnel Needed (Check All That apply)	
<input type="checkbox"/> Tables # _____	<input type="checkbox"/> Projector
<input type="checkbox"/> Chairs # _____	<input type="checkbox"/> DVD player
<input type="checkbox"/> TV	<input type="checkbox"/> Sound Equipment – (special permission only)
<input type="checkbox"/> VCR	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Staff Needed (Sound, Custodian, etc) _____	

Note: Use of any and all New Victory Baptist Church facilities and equipment will be at the risk of each participant represented by this request. New Victory Baptist Church does not assume liability for participants' personal property. The participating party will be responsible for any and all damages to the facilities or equipment including those resulting from deliberate misuse.

I have read and understand the statement above and Facilities Guidelines and I agree to comply.

 (Print Name)

 (Signature & Date)

Contact Person for Facility Usage: Starlete Cochran (423) 913-3802 or StarleteCochran@newvictorybaptist.org

Office Use Only	
Approved by Pastor(s):	
Signature: _____	Name (Printed): _____
Approval Date: _____	
Comments: _____	