

Williamsburg Baptist Church
APPLICATION FOR RECURRING USE OF FACILITIES

Name of Group _____

Activity Purpose _____

Space Desired _____

Date(s) Needed _____ Time of Event _____

Starting Time (Begin Set Up) _____ Ending Time (After Breakdown) _____

Will Food be Served? _____ Number of Participants _____

A diagram of any set up or movement of furniture should be provided on reverse.

Primary Contact Person _____

Address _____ Email Address _____

Daytime Phone _____ Evening Phone _____

Secondary Contact Person _____

Address _____ Email Address _____

Daytime Phone _____ Evening Phone _____

Additional information that may be helpful to the Trustees and Administration Council in its evaluation should be provided on the back of this form.

Signature of Primary Contact Person

Date

FOR CHURCH USE ONLY

ACTION TAKEN: ____ Approved as requested ____ Approved with conditions ____ Not Approved

Conditions:

Authorized Signature

Date