FACILITIES REQUEST FORM

THIRD BAPTIST CHURCH
620 N. Grand Blvd.
St. Louis, MO 63103
(314) 533-7340
FAX (314) 533-7310

DATE OF ACTIVITY: _____
(Day of Week) (Month) (Day) (Year)

NAME OF GROUP: _____

TITLE OF ACTIVITY: _____

CONTACT PERSON(S): _____

E-MAIL ADDRESS: _____

HOME PHONE #: _____ **CELL PHONE #:** _____

MAILING ADDRESS: _____

DETAIL ON ACTIVITY

Beginning Time: _____ **Ending Time:** _____ **Expected Attendance:** _____

Facility Opening Time: _____ **Facility Closing Time:** _____

Schedule Notes:

SPACE REQUESTED:	EQUIPMENT NEEDED:	FOOD SERVICE:
☐ Sanctuary	☐ Chairs	☐ Breakfast
☐ Johnson Hall	☐ Tables (round)	☐ Lunch
☐ Fellowship Hall	☐ Tables (long)	☐ Dinner
☐ Fellowship Hall 1& 2 F	☐ Lectern	☐ Coffee
☐ Greene Room (both sides)	☐ Microphone	☐ Punch
☐ Greene Room 16 ___ 18 ___	☐ Easel	**(NOTE: ALL FOOD SERVICE**
☐ Room 2	☐ Overhead Projector	**REQUESTS MUST BE ARRANGED WITH**
☐ Library Reading Room	☐ Slide Projector	**FOOD SERVICE MANAGER.)**
☐ Memorial Chapel	☐ Screen	
☐ Ewing Chapel	☐ Projector	
☐ Others:	☐ DVD & Television	
	☐ Piano	
	☐ Organ	

NOTES:

FOR OFFICE USE ONLY: DATE RECEIVED _____ DATE ENTERED IN CALENDAR _____

Billable Events: ___BILLED ____FC ___MT ___GD ___FD

COPIES: White: Office Green: Maintenance Pink: Food Service Yellow: Audio Gold: Group