



# 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:
<input type="checkbox"/> Sanctuary	<input type="checkbox"/> Chairs	<input type="checkbox"/> Breakfast
<input type="checkbox"/> Johnson Hall	<input type="checkbox"/> Tables (round)	<input type="checkbox"/> Lunch
<input type="checkbox"/> Fellowship Hall	<input type="checkbox"/> Tables (long)	<input type="checkbox"/> Dinner
<input type="checkbox"/> Fellowship Hall 1 & 2 F	<input type="checkbox"/> Lectern	<input type="checkbox"/> Coffee
<input type="checkbox"/> Greene Room (both sides)	<input type="checkbox"/> Microphone	<input type="checkbox"/> Punch
<input type="checkbox"/> Greene Room 16 ___ 18 ___	<input type="checkbox"/> Easel	<b>(NOTE: ALL FOOD SERVICE REQUESTS MUST BE ARRANGED WITH FOOD SERVICE MANAGER.)</b>
<input type="checkbox"/> Room 2	<input type="checkbox"/> Overhead Projector	
<input type="checkbox"/> Library Reading Room	<input type="checkbox"/> Slide Projector	
<input type="checkbox"/> Memorial Chapel	<input type="checkbox"/> Screen	
<input type="checkbox"/> Ewing Chapel	<input type="checkbox"/> Projector	
<input type="checkbox"/> Others:	<input type="checkbox"/> DVD & Television	
	<input type="checkbox"/> Piano	
	<input type="checkbox"/> Organ	

**NOTES:**

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**FOR OFFICE USE ONLY:** DATE RECEIVED \_\_\_\_\_ DATE ENTERED IN CALENDAR \_\_\_\_\_

Billable Events: \_\_\_ BILLED \_\_\_\_\_ FC \_\_\_ MT \_\_\_ GD \_\_\_ FD

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