# FACILITIES REQUEST FORM

**THIRD BAPTIST CHURCH**

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

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**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:** ___________________

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**DETAIL ON ACTIVITY**

Beginning Time: ___________ Ending Time: ___________  Expected Attendance: ___________

Facility Opening Time: ___________  Facility Closing Time: ___________

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**Schedule Notes:**

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**SPACE REQUESTED:**

- □ Sanctuary
- □ Johnson Hall
- □ Fellowship Hall
- □ Fellowship Hall 1 & 2 F
- □ Greene Room (both sides)
- □ Greene Room 16 ___ 18 ___
- □ Room 2
- □ Library Reading Room
- □ Memorial Chapel
- □ Ewing Chapel
- □ Others:

**EQUIPMENT NEEDED:**

- □ Chairs
- □ Tables (round)
- □ Tables (long)
- □ Lectern
- □ Microphone
- □ Easel
- □ Overhead Projector
- □ Slide Projector
- □ Screen
- □ Projector
- □ DVD & Television
- □ Piano
- □ Organ

**FOOD SERVICE:**

- □ Breakfast
- □ Lunch
- □ Dinner
- □ Coffee
- □ Punch

(NOTE: ALL FOOD SERVICE REQUESTS MUST BE ARRANGED WITH FOOD SERVICE MANAGER.)

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**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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