

FIRST CHRISTIAN CHURCH

Calendar and Facilities Request Form

This form is provided as a way to make a request for using a portion of the FCC facilities. Rooms, dates, & times are not guaranteed until confirmation has been made back to you (usually between 7 - 10 days)*. Please, contact the church office as soon as possible if any details for your event change. **This form may be printed or filled out and sent by email.**

Today's Date: _____ Person making request: _____ # Attending _____
 Event Description: _____ Time (Event Start/End): _____
 Date(s) Requested: _____ Set-up Time _____ Clean-up Time: _____

(Ongoing Programs should list each specific date)

Contact Person: _____ Phone Number: _____

Key Question 1 - Is this request for: **FCC ministries event** (Ministerial Staff Contact: _____),
 individual/group or **Non-Church event to use a room** (Please Check One)

Key Question 2 - Potential Participants: (Please check all that apply) Men Women Teens All Church
 Other _____

Please Check **ALL** Rooms Being Requested:

- | | | | |
|---|--|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Worship Center** | <input type="checkbox"/> Room 106 A | <input type="checkbox"/> Room 120 A | <input type="checkbox"/> Oasis †† |
| <input type="checkbox"/> Common Grounds | <input type="checkbox"/> Room 106 B | <input type="checkbox"/> Room 120 B | <input type="checkbox"/> Playground† |
| <input type="checkbox"/> | <input type="checkbox"/> Room 109 Senior
Community Room | <input type="checkbox"/> Room 121 A | <input type="checkbox"/> |
| <input type="checkbox"/> Kitchen | <input type="checkbox"/> Room 110 | <input type="checkbox"/> Room 121 B | |
| <input type="checkbox"/> Fellowship Hall | <input type="checkbox"/> Room 114 | <input type="checkbox"/> Room 122 A | |
| <input type="checkbox"/> Conference Room | <input type="checkbox"/> Room 118 A | <input type="checkbox"/> Room 122 B | |
| <input type="checkbox"/> Nursery | <input type="checkbox"/> Room 118 B | <input type="checkbox"/> Room 123 A | |
| | <input type="checkbox"/> Room 119 B | <input type="checkbox"/> Room 123 B | |

Resources Being Requested:

- | | | |
|--|---|---|
| <input type="checkbox"/> Sound Equipment | <input type="checkbox"/> Marker Board | <input type="checkbox"/> Tablecloths |
| <input type="checkbox"/> Theatrical Lighting | <input type="checkbox"/> Round Tables: 22 large available, 9 small, 8 tall
(How many? _____) | <input type="checkbox"/> Pots, Pans, Utensils |
| <input type="checkbox"/> DVD/TV | <input type="checkbox"/> Rectangle Tables: [40 available] (How many? _____) | |
| <input type="checkbox"/> Video Projection | <input type="checkbox"/> Chairs: 1236 available (How many? _____) | |
| <input type="checkbox"/> FCC Bus # 1 (15) | Driver: _____ | <input type="checkbox"/> Driver is FCC approved |
| <input type="checkbox"/> FCC Bus # 2 (21) | Driver: _____ | <input type="checkbox"/> Driver is FCC approved |

IMPORTANT NOTES:

Confirmed events can be canceled for needed FCC events (i.e. funerals) on very short notice. Use of sound, lights or video equipment in the Worship Center, Oasis, CG2 or Fellowship Hall required trained FCC technicians. Scheduled, private use of the Family Life Center, Playground and Common Grounds 2 is permitted on Saturdays 10 AM – 12 PM. Scheduled, private use of the Oasis is permitted on Saturday afternoons. Fees for technical services and room rental apply to most all events that are not FCC ministry related. Partial list of fees: Playground \$100 FCC members, \$150 non-members; Oasis \$150; Building Attendant \$50 for first 2 hours; Sound & Video Tech \$75 first 2 hours. Some events will require a building attendant to be present. Unless other agreements are made, set-up for events must occur within 2 hours of the start of an event and clean-up must be concluded within 1.5 hours of the end of the event. Clean up of scheduled space is the responsibility of the party or group scheduling the facility. All events must be consistent with the values of First Christian Church. [These notes have been read. _____ (initial)]

SUBMIT BY EMAIL

Office Use Only

Date Received _____ Denied/Approved _____ Date Approved _____

Is requested date available: Yes No On FCC Calendar: Yes No Public/Private _____

Deposit Amount received (if applicable) _____ Key Checked # _____

Certificate of Insurance received (if applicable) _____

Notes _____