



FOUNTAIN INN

FIRST BAPTIST CHURCH

Ministry Request Form

Contact Information

Date of Request _____

Ministry _____

Ministry Staff Leader _____

Person in Charge _____

Event Information

Name of Event _____

Date of Event _____

Number Expected to Attend _____

Time of Event _____

Frequency of Event _____

Date(s) and time(s) you will need access to the church:

Catering Information

Will the event be catered? Yes No

If Yes, by whom? _____

Date(s) and time(s) the caterer will need access to the church:

Helping People Connect

Because we have a commitment at Fountain Inn First Baptist Church to provide opportunities for people to *connect with God, connect with others, and connect with the world*, please identify how this event will provide one or all of these connections.

Connect with God

Connect with Others

Connect with the World

Building and Room Assignment

- Sanctuary Fellowship Hall Parlor Chapel Kitchen Game Room
- Classroom Number _____

If you are using the kitchen, please complete a kitchen checklist at the conclusion of the event and submit it to the church office.

Requested Room Configuration

Draw or describe a sample diagram (if drawing, x = chairs, o = round tables, = rectangle tables)

Equipment

List any specific equipment needed (TV, DVD player, whiteboard, etc.)

Sound Equipment

Check all items needed for the event:

- | | | |
|--|---|---|
| <input type="checkbox"/> handheld microphone | <input type="checkbox"/> lapel microphone | <input type="checkbox"/> projector |
| <input type="checkbox"/> laptop computer | <input type="checkbox"/> sound board operator | <input type="checkbox"/> video operator |
| <input type="checkbox"/> CD/tape player | | |

Childcare Services

You are responsible for contacting the Nursery and Preschool Director to coordinate child care.
Number of children expected: _____

***This event is not official until the church staff has approved it.**

For Office Use Only:

- Check Calendar Staff Approval Calendared Filed
- \$25.00 Deposit Received for Key Card
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