

First Baptist Church of Jacksonville

Calendar Request/Facility Use Form

- Copy to Custodian Minister in Charge
 Calendar Copy to Administration
 FBC Campus Eaglepoint Campus

Please complete entire form and turn in 4 weeks prior to event. The event must be approved by the ministerial staff.

Date Submitted:		Submitted By:	
Event Dates:	To:	FBC Campus: <input type="checkbox"/>	EaglePoint Campus: <input type="checkbox"/>
Contact Name:		Phone:	Cell:
FBC Member Y <input type="checkbox"/> N <input type="checkbox"/>		Public Event (Open to Church) <input type="checkbox"/> Private Event <input type="checkbox"/>	
Event Name: _____		Rooms Requested: _____	
Type of Event:			
<input type="checkbox"/> Anniv./B-day Party	<input type="checkbox"/> Luncheon/Banquet	<input type="checkbox"/> Wedding & Reception	
<input type="checkbox"/> Baby Shower	<input type="checkbox"/> Meeting	<input type="checkbox"/> Wedding Shower	
<input type="checkbox"/> Bible Study	<input type="checkbox"/> Ministry Activity or Event	<input type="checkbox"/> Worship/Drama or Music	
<input type="checkbox"/> Church Transportation	<input type="checkbox"/> Private Party	<input type="checkbox"/> Other (Describe Below)	
<input type="checkbox"/> Fellowship	<input type="checkbox"/> Seminar/Training Conference	_____	
Event Start Time: _____ am/pm		Event End Time: _____ am/pm	
Estimated Set-Up Time: _____		Estimated Tear Down Time: _____	
Church Related? Y <input type="checkbox"/> N <input type="checkbox"/>	Church Ministry Involved: _____		
Announce in Bulletin? Y <input type="checkbox"/> N <input type="checkbox"/> Dates: _____		Announce in Newsletter? Y <input type="checkbox"/> N <input type="checkbox"/>	
Description of Event 			
Number Expected to Attend: _____		Is kitchen/cook help needed? Y <input type="checkbox"/> N <input type="checkbox"/>	
EaglePoint Church does not have supplies for meetings, parties, and other get-togethers. Please bring your own!			
Set-up Requested <small>Draw diagram on back of sheet. If submitting this form electronically, please submit set-up diagram 4 weeks prior to event.</small>			
Resources Needed:			
Special Needs/Comments: 			
Staff Approval:		Date:	
Fee:		Date Received:	