

Request for Calendar Reservations
Central Baptist Church

Please circle one: ***Enter on Calendar*** ***Change*** ***Delete***

Date(s) Desired _____ Time: _____

Building(s) Requested: CLC: _____ Kitchen: _____

Dining Area: _____ Sanctuary: _____ Children's Wing: _____

Preschool Wings: _____ Sunday School Rooms: _____

Other: _____ Location Other Than Church: _____

Type of Function: _____

Number in Group: _____ Date Request Made: _____

Request Made by: _____ Phone: _____

(Signature)

Office Use:

Approved: _____

Denied: _____ **Pending:** _____

Date _____

Reason:

Food Services Needed: YES _____ NO _____ Serving Time: _____ Number Tables Needed: _____

Table Covers (type needed) _____ Paper Goods Needed: _____ Service Pieces Needed: _____

Note: *Food Service and Kitchen Use Request **must** have a KITCHEN USE CHECKLIST prepared and returned to the office. A copy can be picked up with this form.*

Audio-Visual Equipment Needed: YES: _____ NO: _____

TV: _____ VCR: _____ DVD: _____

CD Player: _____ Tape Player: _____ Tape Recorder: _____

Projector: _____ Screen: _____ Microphone: _____

Other: _____

Diagram of Room Set Up:

Nursery Needed: YES: _____ NO: _____ Time: From: _____ To: _____

Number of Children: _____ Ages of Children: _____

Nursery request **must be made at least **one week** in advance and requires at least 5 children to open.*

Please Initial and Record:

Pastor: _____

Minister of Music/Education: _____

Minister of Youth: _____

Children's Director: _____

Secretary: _____

Custodian Notified: _____

Posted to Church Calendar: _____