

# CALENDAR/FACILITIES REQUEST FORM

FBC, Granbury, Texas

This form must be filled in **COMPLETELY** for the function to be placed on the church calendar. All functions by any age group need to be on the calendar. All functions are approved for the calendar in church staff meeting. *(Functions involving preschool or child care must be approved two weeks prior to the function in order for necessary workers to be scheduled.)* The requesting person will be notified of the action taken after the weekly staff calendar meeting. Turn in this form to the church office to begin the calendar process.

**NAME OF FUNCTION:** \_\_\_\_\_

|                                    |                    |                              |                          |                          |                          |                          |                          |                          |
|------------------------------------|--------------------|------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|                                    | Day of             | Sun                          | Mon                      | Tue                      | Wed                      | Thu                      | Fri                      | Sat                      |
| Date of Function: _____ thru _____ | Week:              | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Function Times: _____ to _____     | Set-up Date: _____ | Set-up Times: _____ to _____ |                          |                          |                          |                          |                          |                          |

Estimated Number of Participants *(helps with determining room assignment)* \_\_\_\_\_  
 Requesting Organization: \_\_\_\_\_  
 Requesting Person: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Email: \_\_\_\_\_

**PUBLICITY:**    Send Postcard *(attach message)*    Phone Tree *(attach pink form)*    JOURNEY    Bulletin  
 Power Point *(during Worship)*    Posters    Other *(specify)* \_\_\_\_\_

**FACILITY REQUEST:**

Worship Center    Conference Room    Youth Area    Music Suite    Chapel/Rooms *(specify)* \_\_\_\_\_

**Kitchen/Fellowship Hall Request:**  Kitchen    Fellowship Hall *(complete information needed on back of this form)* →

Main Building Rooms *(specify)* \_\_\_\_\_ Outside *(specify)* \_\_\_\_\_

Van Zandt Ed Center Rooms *(specify)* \_\_\_\_\_    Preschool/Children's Bldg *(specify)* \_\_\_\_\_

If not on church property, where? \_\_\_\_\_

**(Please diagram, on the back of this form, the room layout you would like to have for your activity.)** →

**CHILD CARE REQUEST** *(Circle one):*   Yes   No   *(A PINK "Childcare Sign-up List" must be completed.)*

**Please Remember:** Two weeks notice is required in consideration for enlisting workers.

**NOTE:** You must notify the church office immediately of any cancellations of childcare requests.

**EQUIPMENT/SUPPLIES:**    VCR    TV    DVD    Sound System/Projection *(requires a trained FBC tech, may require a fee)*

Overhead Projector    Projection Screen    EIKI Projection System

Tables *(# & size)* \_\_\_\_\_  Paper Goods *(specify)* \_\_\_\_\_

Special Events Comm. Supplies *(specify)* \_\_\_\_\_

Other *(specify)* \_\_\_\_\_

**VAN USE REQUEST** *(Circle one):*   Van   Mini Bus

**NOTE:** Contact church office for information about vehicle conditions and keys for scheduled event.

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**PLEASE NOTE !**

**IN THE EVENT OF A CANCELLATION OR CHANGE (TIME, LOCATION, ETC)**

**PLEASE CONTACT THE CHURCH OFFICE A.S.A.P.**   Initial you have read \_\_\_\_\_.

**Kitchen/Fellowship Hall Request**

We want everyone to have access and feel welcomed to the Kitchen and Fellowship Hall however, because these areas are being used **so often** by Sunday School, Ministry Teams, Organizations and Individuals it has become necessary to have some rule and guidelines for using them. Also we are now being inspected by the City Health Dept, at least two times a year; therefore we must maintain certain standards at all times.

In order to reserve these areas before 1:00 p.m. on Monday through Fridays you will need to speak with Scott Pace or Linda Weeks. (Exceptions will be funerals and memorial services and those already pre-approved.)

Who will be at your fellowship/event that has taken the **Kitchen Use Training**?

Name \_\_\_\_\_ Phone# \_\_\_\_\_

NOTE: This person will need to be present during setup, event time and clean up.

If your event is being catered, please give contact information for Nita Vaughn to get in touch with.

Name \_\_\_\_\_ Phone# \_\_\_\_\_

If you need a **Kitchen Staff** at your event, there will be a fee of \$25.00 for the 1<sup>st</sup> hour and \$10.00 for every hour after (\$25.00 minimum fee).

**Room Diagram**

