

FBCN Communication Request Form

Request must be submitted 10 days prior to event

Facility/Resource Use Bulletin

Calendar Request News From Pulpit/Announcement

Today's Date _____

Name of Event _____

Date of Event _____

Description of Event: _____

Event Start Time _____ AM PM

Event End Time _____ AM PM

Set up _____ (hours/minutes)

Clean up _____ (hours/mins)

Person Responsible _____

Phone # _____

Email _____

SELECT MINISTRY

- | | | | | |
|---|--|---|--|--|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Church Wide | <input type="checkbox"/> Missions | <input type="checkbox"/> Senior Adults | <input type="checkbox"/> Worship & Music |
| <input type="checkbox"/> Adult | <input type="checkbox"/> College | <input type="checkbox"/> NOT Church Related | <input type="checkbox"/> Single Adults | <input type="checkbox"/> Visitation |
| <input type="checkbox"/> AWANA | <input type="checkbox"/> Deacon | <input type="checkbox"/> Office Staff | <input type="checkbox"/> Student | |
| <input type="checkbox"/> Children | <input type="checkbox"/> Disaster Relief | <input type="checkbox"/> Outreach | <input type="checkbox"/> Sunday School | |
| <input type="checkbox"/> Choir | <input type="checkbox"/> F.A.I.T.H. Riders | <input type="checkbox"/> Pastoral | <input type="checkbox"/> Weddings | |
| <input type="checkbox"/> Committee | <input type="checkbox"/> Men's | <input type="checkbox"/> Preschool | <input type="checkbox"/> Women's | |

SELECT FACILITIES

Family Ministry Center (north)

- Conference Room
- Classroom # _____
- Gym
- Kitchen

Modular Buildings (north)

- Modular A-1
- Modular A-2
- Modular B-1
- Modular B-2

Sanctuary (south)

- Classroom # _____
- Fellowship Hall
- FH Kitchen
- Sanctuary

SELECT RESOURCES

- | Equipment | How Many? |
|---------------------------------------|-----------|
| <input type="checkbox"/> Chairs | _____ |
| <input type="checkbox"/> Round Tables | _____ |
| <input type="checkbox"/> Rect Tables | _____ |

Video Equipment

- Projector
- Sound System
- TV w/DVD player

Child Care

- | ages | How many? |
|------------------------------------|-----------|
| <input type="checkbox"/> Preschool | _____ |
| <input type="checkbox"/> Children | _____ |

Transportation

- Van #1 Van #2 Van #3

Trailers

- 10 Ft Cargo 12 Ft Utility (flatbed) 16 FT Cargo/Concession

If you will be driving a church van, we must have a copy of your drivers license and you must be between the ages of 21 -70.

Note/Special instructions :

Office Use ONLY

Approved

Date _____

Denied

Date _____

Need More Information _____ Date _____

Deposit Type:

Deposit Amt:

Deposit Returned:

FAX 405-391-6268

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