



**Springfield**  
BAPTIST CHURCH

Facility Use & Event Application & Agreement

Today's Date \_\_\_\_\_

Please complete ALL information below. It is very important that all information is recorded in order to properly plan our calendar and meet your needs.

Name of Applicant \_\_\_\_\_  
 Name of Organization or Group (if applicable) \_\_\_\_\_  
 SBC Member: \_\_\_\_\_ Yes \_\_\_\_\_ No  
 Address \_\_\_\_\_  
 Phone/ Cell \_\_\_\_\_ Work \_\_\_\_\_ Email \_\_\_\_\_  
 Additional Contact Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Request for use is being made by:

DATE(S) of EVENT \_\_\_\_\_ **(Include set up and clean up)**  
 Frequency of Event \_\_\_\_\_ (ex. Once a month, annually, monthly, semi-annually)

___ Individual	___ Business	___ Civic Group
___ For Profit	___ Committee	___ Government
___ Educational Group	___ Non-Profit	___ Other

**Enter times on the appropriate days the facility will be used on the chart below. Please note... You MUST include the set up and tear down times because we will use these times to set the door locks electronically.**

Facility Use Applications for Ongoing Events MUST be renewed yearly and Church Office and Building & Grounds MUST be notified immediately of any changes in the uses of the Facility other than those stated on this application.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
___ AM	___ AM	___ AM	___ AM	___ AM	___ AM	___ AM
___ PM	___ PM	___ PM	___ PM	___ PM	___ PM	___ PM

Description of Event  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Number of Adults in Attendance \_\_\_\_\_ Number of Children (under 18) \_\_\_\_\_

Please indicate room number(s) for the Sunday School Room to be used: (Staff only) \_\_\_\_\_

Audio/Visual Room	Chapel	Choir Room	Conference Room	Fellowship Hall	Kitchen
Library	Nursery	Office Workroom	Parking Lot	Playground	Preschool Fellowship Hall
Storage Closets	Sanctuary	Youth Room	Sunday School Rooms	Preschool kitchen	

Will storage for event be requested? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 (items stored on church property is at the risk of the applicant, SBC is not responsible for theft or damage)

Will you be requesting any church supplies/equipment for your event, including AV equipment, musical equipment, tables, chairs, tablecloths (rental fee applies), office supplies & equipment, art & craft supplies, cleaning supplies, etc.? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes to above question, please indicate the supplies/ equipment requested (please be specific)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

If applicable: Name of presenter(s) for your event: \_\_\_\_\_

If applicable: Topic(s) of presenter's presentation: \_\_\_\_\_

\_\_\_\_\_

1. I am aware that the use of the facility, supplies and equipment of SBC is at the discretion of the church and that all or part of this application may be denied. Usage may also be associated with fees as seen fit by SBC.
2. I am aware that I may be asked to provide proof of certificate of liability insurance prior to approval of event.
3. I agree to respect the Biblical worldview of Springfield Baptist Church.
4. I intend to use the facility of Springfield Baptist Church in the way I indicated on the Facility Use Application.
5. I will make necessary arrangements with the church office for access to the building. DOORS WILL BE UNLOCKED AND LOCKED according to the times indicated on this application.

Information supplied on this form is true to the best of my knowledge.

Name of applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of applicant \_\_\_\_\_

**Office Use Below**

Committee Chair OR Council Member \_\_\_\_\_ Date \_\_\_\_\_

Staff Liaison \_\_\_\_\_ Date \_\_\_\_\_

Pastor \_\_\_\_\_ Date \_\_\_\_\_

**Please give 8-10 days for your application to be processed.**