

# Bible Way Fellowship Baptist Church

## Building Request Form

Completed forms are due 30 days prior to the activity or meeting

Date: \_\_\_\_\_ Ministry/Department: \_\_\_\_\_ Purchase Order#: \_\_\_\_\_

Purpose of request (meetings, non-ministry events, teaching, food service, athletics, etc.) \_\_\_\_\_

### Information

#### Date & Time

Date Needed: \_\_\_\_\_

Time in: \_\_\_\_\_ a.m. /p.m.

Time out: \_\_\_\_\_ a.m. /p.m.

#### Date & Time

Date Needed: \_\_\_\_\_

Time in: \_\_\_\_\_ a.m. /p.m.

Time out: \_\_\_\_\_ a.m. /p.m.

#### Additional Dates & Times

Dates Needed: \_\_\_\_\_

Time in: \_\_\_\_\_ a.m. /p.m.

Time out: \_\_\_\_\_ a.m. /p.m.

#### Location / Room (s)

- |                                       |                                    |                                       |                                      |  |
|---------------------------------------|------------------------------------|---------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Room 104     | <input type="checkbox"/> Room 105  | <input type="checkbox"/> Room 107/108 | <input type="checkbox"/> Room 109    | <input type="checkbox"/> Room 203      |
| <input type="checkbox"/> Room 204     | <input type="checkbox"/> Room 205  | <input type="checkbox"/> Room 206     | <input type="checkbox"/> Room 207    | <input type="checkbox"/> Room 208/209  |
| <input type="checkbox"/> Room 210/211 | <input type="checkbox"/> Room 212  | <input type="checkbox"/> Room 215     | <input type="checkbox"/> Sanctuary   | <input type="checkbox"/> Ushers Room   |
| <input type="checkbox"/> Kitchen      | <input type="checkbox"/> Gym Floor | <input type="checkbox"/> Nursery      | <input type="checkbox"/> Prayer Room | <input type="checkbox"/> Conference RM |

Name of the person manning the Nursery: \_\_\_\_\_ Contact #: \_\_\_\_\_

Name of the person manning the Kitchen: \_\_\_\_\_ Contact #: \_\_\_\_\_

I understand that at the conclusion of the use of the requested area (s) above, either I or a designee shall be responsible for restoring the space (s) back to the condition it was provided to me.

Building set-up person: \_\_\_\_\_ Contact #: \_\_\_\_\_

Building lock-up person: \_\_\_\_\_ Contact #: \_\_\_\_\_

Alternate contact person: \_\_\_\_\_ Contact #: \_\_\_\_\_

**Worship Center: Be sure to check all side doors, make sure side locks on the front doors are locked, Media room is locked, all light are off and set the alarm. McNair Center: Be sure doors handle bars are up and doors are locked, all lights are off and the alarm set.**

### Ministry Support Request

Please list all Ministry Support Areas needed to make your event a success and indicate any Special Instructions.

- |  |   |   |
|--|---|---|
| <b>Y N</b>                                   | <b>Y N</b>                                | <b>Y N</b>  |
| <input type="checkbox"/> Elder Support       | <input type="checkbox"/> Ushers           | <input type="checkbox"/> Choir (Please ✓ one)   |
| <input type="checkbox"/> Ministerial Support | <input type="checkbox"/> Guest Ministry   | <input type="checkbox"/> Praise <input type="checkbox"/> Judah <input type="checkbox"/> Men |
| <input type="checkbox"/> Deacon / Deaconess  | <input type="checkbox"/> Parking Ministry | <input type="checkbox"/> Fellowship   |
| <input type="checkbox"/> Baptismal           | <input type="checkbox"/> Kitchen          | <input type="checkbox"/> Media (✓all that apply) <input type="checkbox"/> Video Camera      |
| <input type="checkbox"/> Musicians'          | <input type="checkbox"/> Nursery          | <input type="checkbox"/> PowerPoint Operator  |
|  |   | <input type="checkbox"/> Sound  |

Special Instructions: \_\_\_\_\_

Setup – draw desired setup in the area provided below.

Kitchen

Front

Approvals & Signatures

Person submitting request: \_\_\_\_\_

Date: \_\_\_\_\_

Ministry Director Approval (L2): \_\_\_\_\_

Date \_\_\_\_\_

Senior Director Approval #: \_\_\_\_\_

Date \_\_\_\_\_

Operations / Front Office Use Only

Received date: \_\_\_\_\_

Approved by: \_\_\_\_\_

Complete

Incomplete

Date rerouted: \_\_\_\_\_

Rerouted to: \_\_\_\_\_

Reason for rerouting: \_\_\_\_\_

\_\_\_\_\_