

NEW MORNING LIGHT BAPTIST CHURCH
AVAILABLE DATE CERTIFICATE
AND
APPROVAL OF SPECIAL EVENT

Your Name _____ Today's Date _____

Name of Group and Participants: _____

Briefly describe the Event _____

First Choice _____, Second Choice _____

Facilities Requested (Check all applicable to be used). Have all signatures before turning in for final approval to Ministry Chairperson.

- Kitchen _____ AM/PM until _____ AM/PM _____
- Fellowship Hall _____ AM/PM until _____ AM/PM _____
- Sanctuary _____ AM/PM until _____ AM/PM _____
- Youth Annex _____ AM/PM until _____ AM/PM _____
- Adult Annex _____ AM/PM until _____ AM/PM _____
- Audio/Visual _____ AM/PM until _____ AM/PM _____
- Multi-Purpose Annex _____ AM/PM until _____ AM/PM _____
- Computer Room _____ AM/PM until _____ AM/PM _____
- Bus/Van _____ AM/PM until _____ AM/PM _____
- Chairs- unlocked _____ how many _____
- Tables-unlocked _____ how many _____

Person who will open and close for event: Open _____, Close _____

Date Tentatively reserved _____

This certificate is valid until _____ (21 days from Today's Date)

Availability verified by _____, Title _____

Final approval of proposal _____ Date _____

Pastor Charles Hamilton