



FACILITY USAGE GUIDE

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RESERVATION PROCESS

1. All facility usage requests must be submitted at least 30 days in advance of the event and require approval by our church administrator and trustees.
2. We will make every attempt to provide written notice of the status of your request within five (5) days of receipt.
3. Upon approval, the organization will have seven (7) days to submit the 50% deposit to reserve the space. The deposit is fully refundable provided the organization provides written notice of cancellation seven (7) days in advance of the event.
4. The balance is due seven (7) days prior to the event, and checks should be made payable to *Consolidated Baptist Church*.
5. You should not include Consolidated Baptist Church on any advertisement prior to receiving written notice that your event has been approved.

FACILITY USAGE GUIDELINES

1. Consolidated Baptist Church facilities may only be used by churches or community entities that serve a similar purpose or have the same commitment to Christ, community service, and goodwill.
2. Organizations using our church facilities acknowledge that this is a house of worship and agree to refrain from using the following on our premises: cigarettes/cigars, alcohol, illegal drugs, and profane language.
3. Events will not be scheduled on the following holidays: **Easter weekend, Thanksgiving weekend, Christmas Eve, Christmas Day (and the day after Christmas), New Year's Eve, and New Year's Day** or on Sundays or at times that will conflict with church services or special church events. Worship services and church events will have first preference for calendar dates.
4. Unless other arrangements have been agreed to by Consolidated Baptist Church, the time of all events should coincide with our normal hours. You should also include time for set-up and clean-up when calculating the amount of time you request/reserve.
5. Consolidated Baptist Church telephones, computers, copiers, and other equipment may not be used without authorization from the church staff member in attendance.
6. The rental of our kitchen(s) includes the use of our stove, refrigerator, and sinks. It does not include the use of our paper or plastic products or serving items.
7. If the use of our audio/visual equipment is required, we will provide the appropriate personnel at the stated rates.
8. Furniture should not be moved without prior authorization. However, tables and chairs may be rearranged.
9. Nothing should be affixed to our walls, furniture, floors, etc.
10. You may only use the space(s) you reserved.
11. Our facilities should be left in the same condition they were in prior to your event.

FACILITY FEES

<u>SPACE</u>	<u>CAPACITY</u>	<u>HOURLY RATE</u>
AEROBICS/DANCE ROOM	30	\$50
CAFÉ	50	\$50
CLASSROOM	30	\$50
COMPUTER LAB	30	\$50
GAME ROOM	N/A	\$50
MUSIC ROOM	140	\$75
YOUTH WORSHIP ROOM	100	\$75
FELLOWSHIP HALL	250	\$100
GYMNASIUM	350	\$100
KITCHEN (ANDREW CENTER)	N/A	\$100
KITCHEN (FELLOWSHIP HALL)	N/A	\$100
SANCTUARY	850	\$150

PERSONNEL FEES

<u>PERSONNEL</u>	<u>MINIMUM</u>	<u>HOURLY RATE</u>
*STAFF MEMBER	4 HOURS	\$25
SOUND TECHNICIAN	2 HOURS	\$50/HR. – 1 ST 2 HOURS \$25/HR. – EACH ADD'L. HOUR
VISUAL TECHNICIAN	2 HOURS	\$50/HR. – 1 ST 2 HOURS \$25/HR. – EACH ADD'L. HOUR

*A STAFF MEMBER IS REQUIRED IF YOUR EVENT BEGINS AND/OR ENDS OUTSIDE OUR NORMAL HOURS.

ANDREW CENTER HOURS

MONDAY	9 A.M. – 5 P.M.
TUESDAY	9 A.M. – 8 P.M.
WEDNESDAY	9 A.M. – 5 P.M.
THURSDAY	9 A.M. – 8 P.M.
FRIDAY	9 A.M. – 5 P.M.
SATURDAY	9 A.M. – 1 P.M.

FACILITY RESERVATION REQUEST

Contact Information

Name of Organization: _____

Address of Organization: _____
Street Address City State ZIP

Contact Person: _____

Contact Number: (____) _____ Email Address: _____

Event Information

Name of Event: _____

Event Date: ___/___/20___ Event Time: _____

If this is a recurring event, please list all dates and times below.

Additional Dates and Times

Type of Event

- Meeting
- Meeting with Food
- Banquet
- Lock-In
- Other

Description/Purpose of Event:

Expected Attendance: _____

Room(s) Requested

- | | |
|---|--|
| <input type="checkbox"/> Aerobics/Dance Room | <input type="checkbox"/> Café |
| <input type="checkbox"/> Classroom(s); How many? ____ | <input type="checkbox"/> Computer Lab |
| <input type="checkbox"/> Fellowship Hall | <input type="checkbox"/> Game Room |
| <input type="checkbox"/> Gymnasium | <input type="checkbox"/> Kitchen (Andrew Center) |
| <input type="checkbox"/> Kitchen (Fellowship Hall) | <input type="checkbox"/> Music Room |
| <input type="checkbox"/> Youth Worship Room | <input type="checkbox"/> Sanctuary |

Audio-Visual Needs

- | | |
|--|---|
| <input type="checkbox"/> Microphone(s) | <input type="checkbox"/> Computer/Projector |
| <input type="checkbox"/> Television | <input type="checkbox"/> DVD Player |

Room Set-Up

- Banquet (*long tables with chairs on both sides of tables*)
- Banquet Rounds (*round tables with chairs*)
- Classroom (*long tables with chairs on one side of tables*)
- Horseshoe/U-Shape (*tables connected to form a "U" with chairs on the outside*)
- Theater (*chairs only, facing the front of the room*)
- Other (*please describe*)