

CHURCH CALENDAR AND USE OF FACILITIES

PLEASE CONTACT CINDY HOLMES AT THE CHURCH OFFICE TO INQUIRE ABOUT THE DESIRED DATE OF YOUR EVENT AND TO VERIFY THAT WE RECEIVED YOUR COMPLETED FORM.

NO EVENT IS OFFICIAL UNTIL THE USE OF FACILITIES FORM IS COMPLETED AND THE DATE IS VERIFIED ON THE MASTER CALENDAR FOR AVAILABILITY BY THE CHURCH OFFICE.

TODAY'S DATE _____ DATE OF EVENT _____

CONTACT PERSON _____ DAYTIME PHONE NUMBER _____

CELL NUMBER _____ E-MAIL _____

MINISTRY / EVENT TYPE _____

EVENT BEGINNING TIME _____ EVENT ENDING TIME _____

DO YOU NEED KEYS AND ALARM CODE FOR BUILDING ? _____

WILL SET UP OR BREAK DOWN BE REQUIRED BY OUR CUSTODIANS? _____

IT IS A REQUIREMENT OF MACLAND BAPTIST CHURCH THAT THE SERVICES OF THE CUSTODIANS BE UTILIZED AFTER ALL NON-CHURCH SPONSORED ACTIVITIES/EVENTS (WEDDINGS, SHOWERS, BIRTHDAY/GRADUATION PARTIES, ETC), EXCEPT FOR FUNERALS, FOR CLEAN UP PURPOSES. THERE IS MINIMUM CHARGE OF \$150 DUE AT THE TIME THE RESERVATION IS MADE. THERE WILL ALSO BE AN ADDITIONAL CHARGE OF \$150 DUE BEFORE THE EVENT TAKES PLACE.

For child care please e-mail cindy@maclandbaptist.org for reservations for your child 6 weeks to 5th grade. For the use of the sound system please contact Jim Graham, 770.841.7898. To place your event on the church calendar please contact the church office at 770.943.5511.

REQUESTED AREA:

AWAY FROM CHURCH _____

SANCTUARY _____

KITCHEN SIDE OF FELLOWSHIP HALL _____

OTHER SIDE FELLOWSHIP HALL _____

COMPLETE FELLOWSHIP HALL _____

FELLOWSHIP HALL KITCHEN _____

CHOIR ROOM _____

CLASSROOM # _____

UPPER ROOM _____

NORTH END GYM _____

SOUTH END GYM _____

COMPLETE GYM _____

FAMILY LIFE CENTER KITCHEN _____

YOUTH HOUSE _____

NUMBER OF PEOPLE EXPECTED _____

NUMBER OF ROUND TABLES NEEDED _____

NUMBER OF ROUND TABLES WITH 8 CHAIRS _____

NUMBER OF LONG TABLES _____

NUMBER OF LONG TABLES WITH CHAIRS _____

NUMBER OF FOOD & DRINK TABLES NEEDED _____

THE WHITE TABLECLOTHS MUST BE CHECKED OUT BY JOY PORTER (770.948.7477) OF THE KITCHEN COMMITTEE.

PLEASE DRAW TABLE LAY OUT ON BACK OF THIS SHEET.

INFORMATION FOR BULLETIN:

SIGNATURE OF PERSON REQUESTING RESERVATION:

OFFICE USE ONLY

FEES RECEIVED: _____

APPROVED BY: _____

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Removable wall

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Removable wall

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Kitchen