



CATHEDRAL OF FAITH BAPTIST CHURCH
BUILDING USE FORM
CHRISTIAN EDUCATION OR ANNEX BUILDING

NAME OF MINISTRY: _____

PLEASE CIRCLE BUILDING YOU ARE REQUESTING:

CHRISTIAN EDUCATION BUILDING

ANNEX BUILDING

SIGNATURE OF MINISTRY DIRECTOR: _____ DATE: _____

CONTACT NUMBERS: cell/home _____ other _____

*******ROOM ASSIGNMENT WILL ONLY BE DONE BY THE FRONT OFFICE.*******

PURPOSE FOR BUILDING USE

Ministry Meeting

Community Event

Other: State _____

DATE OF FUNCTION: _____

EVENT START TIME: _____ AM PM END TIME: _____ AM PM

ON THE DAY OF MY EVENT, I WOULD LIKE TO ARRIVE AT: _____ AM PM

PREPARATION/SET-UP INFORMATION:

SET-UP DATE (IF APPLICABLE): _____

SET-UP START TIME: _____ AM PM SET-UP END TIME: _____ AM PM

NUMBER OF PEOPLE ATTENDING: _____

HOW WILL THE ROOM BE SET-UP TO RECEIVE THE ATTENDANTS?

CHECK ONE: _____ Table & Chairs _____ Chairs only _____ No Tables or Chairs

EQUIPMENT NEEDED FOR THE EVENT:

___ Tables: How many _____ Circle One: Round or Rectangle

Note: Round tables will only be available at the Education Building

___ Chairs: How many _____

___ Dry Erase Board ___ Microphone

___ Podium ___ Other: State _____

OFFICE USE ONLY

Date Rec'd: _____ Rec'd by: _____ ___ Approved ___ Not Approved

Room(s) Assigned: _____

Date Notified: _____ Notified by: _____

Signature - Front Office Approval: _____