

# FIRST CHRISTIAN CHURCH

## Calendar and Facility Usage Request Form

This form is provided as a way to make a **request** for using a portion of the FIRST facility ( \* denotes required). Rooms, dates, & times are not guaranteed until confirmation has been made back to you (usually between 7 – 10 days). Forms may be filled out online and sent by email **or** printed, filled out by hand, and either emailed/faxed. If any details for your event change, please contact the church office as soon as possible. Please send emails to: [debbie@fcc-online.org](mailto:debbie@fcc-online.org).

**Today's Date:\*** \_\_\_\_\_ **Person Making Request:\*** \_\_\_\_\_ # Attending: \_\_\_\_\_

**Event Description:\*** \_\_\_\_\_ **Time (Event Start/End):\*** \_\_\_\_\_

**Date(s) Requested:\*** \_\_\_\_\_ **Set-up Start Time:\*** \_\_\_\_\_

*(Ongoing programs should list each specific date.)* **Clean-up End Time:\*** \_\_\_\_\_

**Contact Person:\*** \_\_\_\_\_ **Contact Email:\*** \_\_\_\_\_

**Contact Phone Number:\*** \_\_\_\_\_

**Key Question 1:\*** Is this request for: (Please check one.)

- FIRST Ministries Event** (Ministerial Staff Contact: \_\_\_\_\_ )  
 **Non-Church Event**

**Key Question 2: Potential Participants:** (Please check all that apply)

- All Church**    **Men**    **Women**    **Teens**    **Children**    **Other** \_\_\_\_\_

**Please Check ALL Rooms Being Requested:\***

- |  |   |                                    |   |
|--|---|------------------------------------|---|
| <input type="checkbox"/> Worship Center  | <input type="checkbox"/> Room 106A              | <input type="checkbox"/> Room 120A | <input type="checkbox"/> Oasis            |
| <input type="checkbox"/> Common Grounds  | <input type="checkbox"/> Room 106B              | <input type="checkbox"/> Room 120B | <input type="checkbox"/> Playground       |
| <input type="checkbox"/> Kitchen         | <input type="checkbox"/> Room 109 (Senior Room) | <input type="checkbox"/> Room 121A | <input type="checkbox"/> Common Grounds 2 |
| <input type="checkbox"/> Fellowship Hall | <input type="checkbox"/> Room 110               | <input type="checkbox"/> Room 121B | <input type="checkbox"/> Room 204         |
| <input type="checkbox"/> Conference Room | <input type="checkbox"/> Room 114               | <input type="checkbox"/> Room 122A | <input type="checkbox"/> Room 205         |
| <input type="checkbox"/> Nursery         | <input type="checkbox"/> Room 118A              | <input type="checkbox"/> Room 122B | <input type="checkbox"/> Field House      |
|  | <input type="checkbox"/> Room 118B              | <input type="checkbox"/> Room 123A |   |
|  | <input type="checkbox"/> Room 119B              | <input type="checkbox"/> Room 123B |   |

**IMPORTANT NOTES:**

Confirmed events can be canceled for needed FIRST events (i.e. funerals) on very short notice. Use of sound, lights or video equipment in the Worship Center, Oasis, CG2 or Fellowship Hall is required for trained FIRST technicians only. Scheduled, private use of the Family Life Center—Playground/Common Grounds 2—is permitted only on Saturdays from 10:00am–12:00pm. Fees for technical services and room rental apply to events that are not FIRST ministry related. Some events will require a building attendant to be present. **Partial list of fees: Non-members: \$150; Members: \$100;** Building Attendant (if applicable) \$50 for 2 hours. **We require a deposit of half of the total fee up front, and then we ask that the remaining half be paid before the event occurs.** Unless other agreements are made, set-up for events must occur no earlier than 1 hour of the start of an event and clean-up must be concluded within 1 hour of the end of the event. We do not provide set-up services. Clean up of scheduled space is the responsibility of the party or group scheduling the facility. Chairs and tables are not to be removed from other rooms. [These notes have been read. \_\_\_\_\_ (please initial)]\*

**Office Use Only**

Date Received: _____	(Circle one) Denied/Approved	Date Approved: _____
Is requested date available:    Yes    No	On FCC Calendar:    Yes    No	(Circle one) Public/Private
Deposit Amount received (if applicable) _____	Total Amount received (if applicable) _____	
Certificate of Insurance received (if applicable) _____	Key Checked # (if applicable) _____	
Notes _____		