

Application for Facilities Use
Glory Baptist Church
Aitkin, Minnesota

Date of Application _____

Date of Event _____ Hours Facility is Needed _____

1. Contact Information:

Name of Organization or person making Request:

Address _____

City _____ State _____ Zip _____

Contact Person if different from above: _____

Contact Telephone No. _____

2. Facilities Requested:

Please check the box in front of any facilities you wish to use.

Worship Center Lower Fellowship Hall Upper Room

Gym Fireside Room Lower Dining Hall

Small Kitchen Large Kitchen Classrooms

3. Briefly state the purpose/description of this event:

4. Will you be serving food or refreshments? _____

5. If using the gym, please give the name and telephone number of the person supervising:

6. Will you be selling tickets for this event? Yes No

7. Do you intend to ask for any donations, pledges or other financial commitments as a part of your event? Yes No

8. Will you be selling merchandise of any kind at your event? Yes No

9. Please indicate **any** specific equipment needs you have (tables, chairs, podium, sound, projection, etc.) If audio visual equipment is needed, a technician will be required as indicated in the ***Building Use Requirements***

10. _____^{Initial} I/We have read the attached ***Building Use Requirements*** and agree to abide by all stated policies.

Applicant's Signature _____