



*Sweet Home Missionary Baptist Church*

## Church Utilization Form for Ministries

(Please print/type all information. Forms must be received at least two weeks prior to event date.)

Date of Request: \_\_\_\_\_

Name of Ministry: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Do you want this event considered for inclusion in video announcements? YES \_\_\_ NO \_\_\_

### Event/Meeting Information

Requested Date of Event: \_\_\_\_\_

Estimated Attendance: \_\_\_\_\_

Start Time: \_\_\_\_\_

End Time: \_\_\_\_\_

Set Up Time: \_\_\_\_\_

Clean Up Time: \_\_\_\_\_

Do you have signage for your event or ministry? YES\* \_\_\_ NO \_\_\_

(\*If yes, please attach a copy to this form. Please note all signage must be pre-approved by the office and laminated in order to use.)

Purpose of Meeting/Event: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Please attach copy of agenda/flyer with request.**

### Equipment and Set Up:

**Specify Number:**

**Please Check Requested Seating Style:**

Tables \_\_\_\_\_

Conference/Classroom Style \_\_\_

Horseshoe \_\_\_

Chairs \_\_\_\_\_

Roundtable \_\_\_

Other: \_\_\_\_\_

**Check All That Apply:**

Easels \_\_\_\_\_

Flip Chart Easel (No notepad provided) \_\_\_\_\_

Dry Erase Board (Dry erase markers are provided) \_\_\_\_\_

Tablecloth(s) \_\_\_\_\_

**Following Requires SHMBC Sound Technician:**

Sound System (Sanctuary Only) \_\_\_\_\_

Overhead Projection System (Sanctuary Only) \_\_\_\_\_

Please List Any Special Needs: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please read prior to signing: If room requested requires a specific set up, please attach diagram layout. Otherwise, all rooms will be set up conference or classroom style. Please know that the office reserves the right to select the best space to accommodate your meeting based on other ministry needs and requests. You will be notified of your location when contacted with your confirmation. Also, if food or drinks are going to be a part of your event, please note that under “special needs” as refreshments can only be served in designated areas of the church. In the event of food being served, your final menu must be attached.**

Requestor’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

|   |  |               |
|---|--|---------------|
| FOR OFFICE USE ONLY   |  |               |
| Room Assigned: _____  | Approved: _____                        | Denied: _____ |
| Reason for Denial: _____  |  |               |
| _____   |  |               |
| _____   |  |               |
| _____<br>Pastor of Ministries/Worship/Administration<br>(Initial/ Date) | _____<br>Facilities<br>(Initial/ Date) |               |
| Group Notified By and Date: _____<br>(Initial/Date)                     |  |               |
| Update 11.18.10   |  |               |