



**Sixth Mount Zion Baptist Church**  
**Request for Calendar Dates, Facilities, Equipment and Supplies**

**INSTRUCTIONS: Complete all sections of this form. The Administrative Office will make every effort to accommodate your request. However, please be advised that the submission of this form does not automatically guarantee approval of request. Therefore, please do not advertise your event until you have received confirmation of approval from the church office.**

Ministry: \_\_\_\_\_

Event: \_\_\_\_\_

Date of Event: \_\_\_\_/\_\_\_\_/\_\_\_\_ Day of the Week: M T W Th F Sat Sun

Is this a recurring event?  No  Yes Recurrence Pattern: Occurs the \_\_\_\_ M T W Th F Sat Sun  
1st, 2nd, 3rd, 4th, 5th

Event Begins: \_\_\_\_\_ AM / PM Event Ends: \_\_\_\_\_ AM / PM

Approximate Attendance Expected: \_\_\_\_\_ people

Will an offering be taken?  Yes  No Will security be needed?  Yes  No

Will Childcare be needed?  Yes  No If yes, please specify ages of children. \_\_\_\_\_

Would you like event recorded?  Yes  No Video  Audio  Both

Will food be served?  Yes  No If yes, please specify food, supplies, service needed:

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

Facilities Needed: *Please check the box of ALL areas you will need to use.*

- |  |   |
|--|---|
| <input type="checkbox"/> Sanctuary           | <input type="checkbox"/> A. W. Brown Memorial Room (may require sharing)    |
| <input type="checkbox"/> Multi-Purpose Room  | <input type="checkbox"/> Meditation Room (for small meetings of 3-5 people) |
| <input type="checkbox"/> Kitchen             | <input type="checkbox"/> Nursery  |
| <input type="checkbox"/> Church School Rooms |   |

Equipment Needed: *Please specify what equipment you will need to use.*

- |  |  |                                     |                              |                                 |
|--|--|-------------------------------------|------------------------------|---------------------------------|
| <input type="checkbox"/> Tables (approximate #: _____) | <input type="checkbox"/> Chairs (approximate #: _____) |                                     |                              |                                 |
| <input type="checkbox"/> LCD Projector                 | <input type="checkbox"/> Small TV                      | <input type="checkbox"/> DVD Player | <input type="checkbox"/> VCR | <input type="checkbox"/> Stereo |
| <input type="checkbox"/> Projector Screen              | <input type="checkbox"/> Big TV                        | <input type="checkbox"/> Easel      |                              |                                 |

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

Requested by: \_\_\_\_\_ Date of Request: \_\_\_\_/\_\_\_\_/\_\_\_\_

**PLEASE NOTE: ALL REQUESTS MUST BE RECEIVED AT LEAST THIRTY (30) DAYS IN ADVANCE OF ACTIVITY DATE!**

**Please Use Back of Sheet to Draw a Diagram of any Special Room Arrangements**

**For Office Use Only:**

____ Facility/Equipment Use Approved	____ Facility/Equipment Use Not Approved			
____ Calendar Request Approved	____ Calendar Request Not Approved			
Copies given to:				
____ Church Business Administrator	____ Custodian	____ Kitchen	____ Nursery Coordinator	____ Safety Ministry

*If applicable, copies given to:*