

**GALILEE BAPTIST CHURCH  
REV. DR. LLOYD T. MCGRIFF, PASTOR**

2101 SHADYSIDE AVENUE  
SUITLAND, MD 20746

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(301) 420-1893 FAX

2252 MINNESOTA AVENUE  
WASHINGTON, DC 20020

# **FACILITIES REQUEST FORM**

**NOTE:** Each item must be complete to constitute a valid request, however, if an item is not applicable to your request, please indicate by putting N/A in the space. **PLEASE TYPE OR PRESS HARD.**

Date: \_\_\_\_\_ 20\_\_\_\_\_ Date Received: \_\_\_\_\_ (*Office Personnel*)

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

Contact Person: \_\_\_\_\_ Home #: \_\_\_\_\_ Work #: \_\_\_\_\_

Reason for Request: \_\_\_\_\_

When Facility Needed: Date: \_\_\_\_\_ Day: \_\_\_\_\_

Start Time: **10:00 AM** End Time: **12:00 PM**

Start time: \_\_\_\_\_ End time: \_\_\_\_\_

Access Time: \_\_\_\_\_ Departure Time: \_\_\_\_\_

Recurring: Yes  No  Frequency: \_\_\_\_\_

(i.e. Every Wednesday, 3<sup>rd</sup> Saturday, etc.)

Media Equipment Needed: Yes  No  (If yes, **MUST FILL OUT** Media Request Form)

**Furniture Needed:** Number of Chairs: \_\_\_\_\_ Number of Tables: Round \_\_\_\_\_ Rectangle \_\_\_\_\_  
*(FOR MAUVE RM OR FELLOWSHIP HALL MUST ATTACH SEATING ARRANGEMENT SHEET OR DRAW ON BACK OF FORM)*

Number of people expected to attend: \_\_\_\_\_ (Maximum Capacity is 100)

Will you require use of the kitchen? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Service Approved: Yes: \_\_\_\_\_ No: \_\_\_\_\_ Ministry Leader: \_\_\_\_\_

**SHADYSIDE AVE SANCTUARY** MAUVE RM YR-9 YR-10 DR/NR-11 CR-12 KK-3

**MINNESOTA AVE**  
**SANCTUARY** ————— **FELLOWSHIP HALL**      **SUNSHINE RM**      **CLASSROOM 1**

**REMARKS:**

## SCHEDULER

## MEDIA MINISTRY

## BUILDING MANAGER

**ORIGINAL - OFFICE**

(**YR** – Youth Room; **DR/NR** – Deaconess & Nurses Room; **CR** – Choir Room;  
**KK** – Kingdom Kids Room)

REV. 2 - 1/26

**PLEASE COMPLETE AND EMAIL TO: [jclay@galileenow.tv](mailto:jclay@galileenow.tv)**