

**Cave Spring Baptist Church
Facility Request Form
Non-Wedding Event**

Name: _____ Date: _____

Address: _____

Phone Number: _____

Email: _____

Cave Spring Baptist Church Member: ☐ Yes ☐ No

Primary Contact Person: _____ Phone Number: _____

Reason for use/explanation of event: _____

What area(s) are you requesting? (Circle all that apply)

Sanctuary Fellowship Hall Kitchen Classrooms Other: _____

Date/Time Needed: _____ Start Time: _____ End Time: _____

Approximate number of people expected: _____

Please circle items needed: Tables Chairs Other _____

Available for additional fee: Tablecloths A/V Technical Support

Will a fee be required? ☐ Yes ☐ No If yes, amount required: _____

You must provide a team to setup and take down tables and chairs as well as cleaning all used areas according to church guidelines.

Church use only:

Date Submitted: _____

Date Approved: _____ Approved by: _____

Date Notified: _____