Your Name Group Address 1 Address 2 City State Zip Home Phone Work Phone Email Address Event Name: Signature: Outside Groups (non-Providence Groups) Outside Groups that utilize our facilities are defined as, groups approved by the Director of Church Operations, and having a purpose/policy consistent with Church policy, such as, Support Groups, Civic Groups or Neighborhood Watch Associations. The Director maintains a general fee schedule for use of Providence facilities, equipment, and grounds to help defray the cost of operation. These fees are based on the area(s) to be used, size of group, length of time, heating & air conditioning, wear and tear, and any equipment/furnishing setup. For-profit activities, solicitation, enlistment, fund raisers, sales and promotions, are not allowed at Providence facilities or grounds. The Director of Church Operations is responsible for collecting fees and/or collecting the repair and/or replacement value of equipment/property that is damaged. For more information on the general fee schedule, refer to the Providence Fee Schedule and Services, and see the Director. No tickets are to be sold for admission fees required for any activity other than amounts charged to offset costs of the activity for which Providence Bapitst Church facilities are used, other than sales conducted during activities which are deemed to be consistent with the strategic plan of Providence Bapitst Church. "ADDITIONAL REQUIREMENTS FOR NON-PROVIDENCE GROUPS. The undersigned organization agrees to indemntly and hold harmless Providence Bapitst Church facilities, are used, other than sales conducted during activities which are deemed to be consistent with the undersigned application and providence Bapitst Church. "ADDITIONAL REQUIREMENTS FOR NON-PROVIDENCE GROUPS. The undersigned organization agrees to indemntly and hold harmless Providence Bapits Church. "ADDITIONAL REQUIREMENTS FOR NON-PROVIDENCE GROUPS. The undersigned organization agrees to indemntly and hold harmless Providence Bapits Chu	Outside Group	Agreement w/ Providence	Event Date:	Today's Date:
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Policy Number (Insurance Certificate required, contact your agent.) (Signature/Title of Authorized Group Representative) (Date) *** For Director of Church Operations Only *** Account/Fees: Permit #	named that the organization contained above is true are any misstatement or chan	on and planned activity is NOT FOR PROFIT, and not complete. The undersigned further acknowledge in the organization or purpose above specified	use of the facilities are consistent with churc ges receipt and acceptance of church policy a will void this application and revoke the Prov	h policy, and that all of the information and the general fee schedule, and that ridence Baptist Church User Permit.
(Signature/Title of Authorized Group Representative) *** For Director of Church Operations Only *** Account/Fees: Permit #	Individual or Group Insura	nce Carrier		Phone
*** For Director of Church Operations Only *** Account/Fees: Permit #	Policy Number		(Insurance Certificate required,	contact your agent.)
Account/Fees: Permit #		(Signature/Title of Authorized Group R	epresentative)	(Date)
Account/Fees: Permit #		*** For Director of	f Church Operations Only ***	
Authorized by:Today's Date:	Account/Fees:			
	Authorized by:		Today's [)ate:

Facility Request F	orm - Pro	vidence	Event Date:		Today's Da	te:
Your Name			Group			
Address			City		State	Zip
Home Phone			Work Phone			<u>r</u>
Email Address						
		Signature	9			
		9	·			
Event Name:						
Event Description:						
Catimated Number Attant	dina:	A dulto:	Vouth		Children	
Estimated Number Attend	uirig.	Adults:	_ 100111	:	Children	·
What Room(s) / Area(s) are	e requested?		Custodial Staffing R	equired?		
What time does the even	at ctart?		What time will the ev	unt and?		
How much time do you n			will be needed for	venii ena :		
event to setup/decorate?			cleanup/reset?			
·		ed? How many?	i i	able Aud	io/Video Ne	ehac
Long Tables		Other?	Are you playing vide			
Round Tables			Will you need sound		Y	
Chairs			Microphone		Projector	
Speaker Stand			TV/VCR		Screen	
White Board			If Δv	ailahle P	iano needs	2
Chalk Board			li Av	allabie, i	iano necas) :
Extension Cord						
Easel			If requesting food,			
Tripod Draw your room setup			complete Hospitali	ty/Food Sv	<mark>/c/Kitchen c</mark>	n reverse side.
Church Account to Charge: All non-church events will need to sign a usage agreement a		Cost Due:		Check #:		
All Hori-church events \	will need to s			insurance	certificate.	
Account/Food		*** For Director of Chu	ırch Operations Only ***	Dormit #		
Account/Fees:				Permit #		
Authorized by:				Date –		

HOSPITALITY: Food Servi	ces Request	Event Date:	Today's Date:			
		-	-			
Event Name						
Event Description:						
() Breakf	ast ()Luncheon ()D	Dinner () Reception () Meeting ()				
What time do you want the food to be	9	Notes				
available?						
Do you need food service staffing?						
What do you need?	How many?	What do you need?	What do you need? How many?			
China Plates	Serving Pieces Neede	d Styrofoam Plates	Other - Notes			
China Bowls		Styrofoam Bowls				
China Dessert Plates		Styro Dessert Plates				
China Bread Plates		Styrofoam Cups				
China Cup & Saucers		Plastic Forks				
Stainless Forks		Plastic Spoons				
Stainless Spoons		Plastic Knives				
Stainless Knives		Paper Dinner Napkins				
Glass Punch Bowl		Paper Beverage Napk				
Glass Punch Cups		Paper Table Covers				
Silver Punch Bowl *		Serving Spoons				
Punch Ladle *		Tongs				
Silver Trays *		LINENS	}			
Silver Candelabra *		Linen Table Cloths for Round				
Chafing Dishes-Sterno*		Linen Table Cloths for Rectangle				
Cambro *		Linen Napkins				
* Not available to outside groups						
Food Menu		Beverages & Ice				
All non-church events will need to	sian a usage agreeme	nt and provide liability insurance ce	rtificate			
	oigh a abage agreemen	nt and provide hability modiance con	tinodio.			
** FOR HOSPITALITY MANAGER ONLY ** Accounting of Costs	Quantity Amour	nt NOTES				
Paper	Quantity Amoun	110120				
Food						
Pantry						
Laundry						
Labor-Host						
Labor-Server						
Labor-Dishwasher						
Other:		Cost Due:	Check #:			
TOTAL:		Approval Director of CO:	Date:			