

Outside Group Agreement w/ Providence	Event Date: _____	Today's Date: _____
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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 Baptist Church facilities are used, other than sales conducted during activities which are deemed to be consistent with the strategic plan of Providence Baptist Church.

**** ADDITIONAL REQUIREMENTS FOR NON-PROVIDENCE GROUPS:** The undersigned organization agrees to indemnify and hold harmless Providence Baptist Church, it's members and employees, from and against all claims, damages, losses, expenses, arising out of the undersigned's use of the church facilities caused in whole or in part by the undersigned's negligent act or omission, or that of anyone employed by the undersigned or attending a function sponsored by the undersigned.

By signing below, the undersigned agrees to be present at the function and assume responsibility for church facilities, and/or represents on behalf of the above-named that the organization and planned activity is NOT FOR PROFIT, and use of the facilities are consistent with church policy, and that all of the information contained above is true and complete. The undersigned further acknowledges receipt and acceptance of church policy and the general fee schedule, and that any misstatement or change in the organization or purpose above specified will void this application and revoke the Providence Baptist Church User Permit. Changes must be approved in advance of the planned function in writing by the Director of Church Operations of Providence Baptist Church.

Individual or Group Insurance Carrier _____	Phone _____
Policy Number _____	(Insurance Certificate required, contact your agent.)
(Signature/Title of Authorized Group Representative)	(Date)

***** For Director of Church Operations Only *****

Account/Fees: _____	Permit # _____
Authorized by: _____	Today's Date: _____

Facility Request Form - Providence	Event Date: _____	Today's Date: _____
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Your Name _____	Group _____
Address _____	City _____ State _____ Zip _____
Home Phone _____	Work Phone _____
Email Address _____	

Signature _____

Event Name: _____

Event Description: _____

Estimated Number Attending: Adults: _____ Youth: _____ Children: _____

What Room(s) / Area(s) are requested? _____	Custodial Staffing Required? _____
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What time does the event start? _____	What time will the event end? _____
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How much time do you need before event to setup/decorate? _____	will be needed for cleanup/reset? _____
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If Available, what do you need? How many?			If Available, Audio/Video Needs			
Long Tables		Other? _____	Are you playing video or slide show? <input type="checkbox"/> Y <input type="checkbox"/> N			
Round Tables			Will you need sound support? <input type="checkbox"/> Y <input type="checkbox"/> N			
Chairs			Microphone		Projector	
Speaker Stand			TV/VCR		Screen	
White Board			If Available, Piano needs?			
Chalk Board						
Extension Cord						
Easel						
Tripod		If requesting food, linens, or kitchen equipment complete Hospitality/Food Svc/Kitchen on reverse side.				

Draw your room setup here:

Church Account to Charge: _____	Cost Due: _____	Check #: _____
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All non-church events will need to sign a usage agreement and provide liability insurance certificate.

*** For Director of Church Operations Only ***

Account/Fees: _____	Permit # _____
Authorized by: _____	Date _____

HOSPITALITY: Food Services Request

Event Date:

Today's Date:

Event Name

Event Description:

() Breakfast () Luncheon () Dinner () Reception () Meeting ()

What time do you want the food to be available?

Notes...

Do you need food service staffing?

What do you need? How many?

What do you need? How many?

		Serving Pieces Needed			Other - Notes
China Plates			Styrofoam Plates		
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 sign a usage agreement and provide liability insurance certificate.

**** FOR HOSPITALITY MANAGER ONLY ****

Accounting of Costs	Quantity	Amount	NOTES
Paper			
Food			
Pantry			
Laundry			
Labor-Host			
Labor-Server			
Labor-Dishwasher			
Other:			Cost Due: _____ Check #: _____
TOTAL:			Approval Director of CO: _____ Date: _____