



Building Request Application

First Baptist Church of Rochester ♦ 175 Allens Creek Road ♦ Rochester, NY 14618 ♦ (585) 244-2468 ♦
 Fax: (585) 244-2469 ♦ office@rochesterfbc.org ♦ www.rochesterfbc.org

Name of Organization: _____ Date _____
 Organization e-mail: _____ Website: _____

Contact #1 Name: _____
 Address: _____
 City, ST, Zip _____
 Phone #: _____
 Cell # _____
 E-mail: _____

Contact #2 Name: _____
 Address: _____
 City, ST, Zip _____
 Phone #: _____
 Cell # _____
 E-mail: _____

Event Purpose/Description: _____

Event Date: _____ Event Time: _____ to _____
 _____ Event Time: _____ to _____
 _____ Event Time: _____ to _____

Is this a non-profit event? Yes No

Number expected to attend: _____
 Room Setup Required? Yes No
Please attach, fax, or mail a layout of setup wanted.

Will you use Hubbell Hall Kitchen? Yes No

Will you use Kitchenette? Yes No

Do you require the dishwasher? Yes No

Do you have Liability Insurance?: Yes No

Insurance Carrier? _____

(Please attach or mail a copy. Must have for approval.)

<u>Room (s) Requested:</u>	<u>Education Wing</u>	<u>Items Requested:</u>
<input type="checkbox"/> Basnett Library	<input type="checkbox"/> Room 5	<input type="checkbox"/> Audio
<input type="checkbox"/> Chapel	<input type="checkbox"/> Room 6	<input type="checkbox"/> Video
<input type="checkbox"/> Community Room	<input type="checkbox"/> Room 7	<input type="checkbox"/> Projection
<input type="checkbox"/> Garden Room	<input type="checkbox"/> Room 8	<input type="checkbox"/> Overhead Projector
<input type="checkbox"/> Hubbell Hall	<input type="checkbox"/> Room 9	<input type="checkbox"/> DVD/VCR
<input type="checkbox"/> Kitchenette	<input type="checkbox"/> Room 10	<input type="checkbox"/> TV
<input type="checkbox"/> Main Kitchen	<input type="checkbox"/> Room 11	<input type="checkbox"/> Coffee Maker
<input type="checkbox"/> Narthex	<input type="checkbox"/> Room 12	<input type="checkbox"/> Hot Water
<input type="checkbox"/> Parlor	<input type="checkbox"/> Room 13	
<input type="checkbox"/> Sanctuary	<input type="checkbox"/> Room 14	
	<input type="checkbox"/> Basement	

ADDITIONAL SET-UP AND CLEAN UP CUSTODIAL FEE WILL APPLY FOR MORE THAN BASIC TABLE CHAIR SET-UP OR EXCESSIVE CLEANING AT \$35.00 PER HOUR. NO ALCOHOL OR SMOKING ALLOWED ON CHURCH PROPERTY.

Please note: You will be contacted by a member of the church staff if your event is or is not approved and the fees that will be expected for this event. Please call (585) 244-2468 with any questions.

<i>Office Use Only</i>			<i>Clearance Needed by:</i>	
<i>Date Received in Office:</i> _____	<i>Received By:</i> _____		<input type="checkbox"/> <i>Min. Comm & Ops</i>	_____ <i>Date:</i> _____
<i>Basic Event Fee:</i> _____	<i>Fee Quoted:</i> _____		<input type="checkbox"/> <i>Trustee Liaison</i>	_____ <i>Date:</i> _____
<i>Approval Notification: By</i> _____	<i>Date:</i> _____		<input type="checkbox"/> <i>Pastor</i>	_____ <i>Date:</i> _____
<i>To:</i> _____			<i>Approved: Yes <input type="checkbox"/> No <input type="checkbox"/></i>	
<i>By Phone</i> <input type="checkbox"/>	<i>By E-mail</i> <input type="checkbox"/>	<i>In Person</i> <input type="checkbox"/>	<i>Reason:</i> _____	
<i>Placed on Calendar: By</i> _____	<i>Date:</i> _____			