

First Chinese Baptist Church, Los Angeles

Facilities/Activities Request



羅省第一華人浸信會
FIRST CHINESE BAPTIST CHURCH
LOS ANGELES

942 Yale Street, Los Angeles, CA 90012 www.fcbc.org
(213) 687-0814 (213) 375-3999 info@fcbc.org

Submit completed form to the Church Office or Worship Center dropbox or by email to activities@fcbc.org.

1. Use this form to: a) submit an activity for the church Master Calendar, b) request a room.
2. Submit completed form at least **2 weeks** prior to the activity. Obtain required signature(s) before submission.
3. Requests generally take 1-2 days to process. We will contact you by email or telephone on the status of your request.
4. Administration reserves the right to change a previously approved activity or room reservation.

*Required field

SUBMITTER'S INFORMATION

Contact Name*:	Dept./Fellowship/Cmte. Name*:
Primary Tel.*:	Secondary Tel.:
Email*:	Date Submitted:

ACTIVITY INFORMATION

ACTIVITY DESCRIPTION*:	ACTIVITY: <input type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED Approved by: _____ Date: _____ (Office Only)		
Activity Type*:	<input type="checkbox"/> Meeting <input type="checkbox"/> Mission trip <input type="checkbox"/> Program <input type="checkbox"/> Publicity (i.e., courtyard sign-ups) <input type="checkbox"/> Recreation <input type="checkbox"/> Rehearsal <input type="checkbox"/> Retreat <input type="checkbox"/> Social <input type="checkbox"/> Wedding <input type="checkbox"/> Other: _____		
Are minors involved?:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Frequency:	<input type="checkbox"/> One Time <input type="checkbox"/> Multiple Dates (list):		
Date:	Event Start	am/pm	Event End
Date:	Event Start	am/pm	Event End
Date:	Event Start	am/pm	Event End
Number expected*:	<input type="checkbox"/> Please help me find a location		

(Include rehearsal or set-up date prior to the event, such as wedding rehearsal, etc.)

ONSITE ACTIVITY

FACILITIES	
<input type="checkbox"/> Worship Center	<input type="checkbox"/> Sanctuary <input type="checkbox"/> Choir Room (Music Minister's approval) <input type="checkbox"/> Connection Corner <input type="checkbox"/> Courtyard
<input type="checkbox"/> Multi-purpose Building (MPB)	<input type="checkbox"/> Gym <input type="checkbox"/> Kitchen (Fill out section under KITCHEN)
<input type="checkbox"/> Life Center	<input type="checkbox"/> Nursery (Nursery Director's approval) <input type="checkbox"/> 2 nd Floor Rm # _____ <input type="checkbox"/> 3 rd Floor Rm # _____ <input type="checkbox"/> Courtyard
<input type="checkbox"/> Praise Center	<input type="checkbox"/> Auditorium <input type="checkbox"/> Side Classroom <input type="checkbox"/> Upstairs Classroom <input type="checkbox"/> Kitchen (Fill out section under KITCHEN) <input type="checkbox"/> Outdoor Tent
<input type="checkbox"/> Hall of Blessings	<input type="checkbox"/> 1 st Floor <input type="checkbox"/> 2 nd Floor Room # _____ <input type="checkbox"/> Kitchenette
<input type="checkbox"/> Hall of Grace	<input type="checkbox"/> 1 st Floor <input type="checkbox"/> 2 nd Floor Room # _____
<input type="checkbox"/> Hall of Joy	<input type="checkbox"/> 1 st Floor <input type="checkbox"/> 2 nd Floor Room # _____ (Children's Minister's approval for 2 nd floor)
<input type="checkbox"/> Hall of Truth	<input type="checkbox"/> MPR <input type="checkbox"/> 2 nd Floor Room # _____ <input type="checkbox"/> Kitchen (Fill out section under KITCHEN)
<input type="checkbox"/> Hill St. Bungalows	<input type="checkbox"/> Bungalow #1 <input type="checkbox"/> Bungalow #2
<input type="checkbox"/> Parking	<input type="checkbox"/> Worship Center Garage <input type="checkbox"/> Adobe Lot
Other Facility Needs: (e.g., piano, video projector, tables)	

OFFSITE ACTIVITY

Prior to or on the date of the event, submit the following to the Church Office: list of participants, site phone if available, time of return to church, and contact cellphone numbers. Note: only Trustees may sign contracts of any type (camp, vehicle rental, etc.).

Name of Site:	
Site Address:	Site Phone:
Mode of Transportation: <input type="checkbox"/> Charter bus <input type="checkbox"/> Church vehicle <input type="checkbox"/> Private vehicle <input type="checkbox"/> Rental vehicle	
FCBCLA adult member in charge:	Cellphone:

ADDITIONAL NEEDS

A copy of this request will be sent to the appropriate departments. The departments will follow-up with your specific needs.

KITCHEN

(Requires Maintenance Manager's approval)

Purpose (check all that apply): Storage Preparation Cooking

Person responsible for use & clean-up:

Phone:

Email:

Equipment: Oven/Stove Utensils Pots/Pans Hot water pot Refrigerator Freezer

Other:

AUDIO/VISUAL EQUIPMENT (IN-HOUSE)

(Requires Audio-Visual Director's approval; email: audiovisual@fcbc.org)

Note: Operator must be on the authorized Audio-Visual Dept. list

Purpose: Program Rehearsal Sound Check Wedding

Location: Life Center MPB (Gym) Praise Center Worship Center

Resources Needed: ____ (# mics) ____ (# projectors) ____ (# stands) ____ (other, please specify equipment and how many)

GYM

(Requires Recreation Director's approval for recreational activities.)

Person responsible for set-up:

Equipment: Basketball court Badminton poles Volleyball poles Balls

Other:

SECURITY GUARD (Submit "SECURITY GUARD SERVICE REQUEST")

SPECIAL APPROVALS

	Signature	Date
PASTOR'S APPROVAL OF ACTIVITY*		
KITCHEN (Facilities Manager)		
AUDIO/VISUAL EQUIPMENT (Audio-Visual Director)		
NURSERY (Nursery Director)		
WEDDING		
Pastor		
Wedding Director		
Maintenance Manager		
RECREATION EQUIPMENT (Recreation Director)		
OVERNIGHT FACILITY USE (Pastor's and a Trustee's approval are required)		
Pastor		
Trustee		

OFFICE ONLY

Notifications: Audio-Visual (date _____) Custodians(s) (date _____) Lock-up (date _____)
 Parking (date _____) Security guard service (date _____) Trustees (date _____)