Facility Usage Form for Outside Groups

(For groups not from FCBCLA)

1. FCBCLA facilities are available for the use of non-profit groups and individuals whose purposes are consistent with the mission and vision of FCBCLA.
2. Submit this form at least two (2) months in advance to the church office or by email to activities@fcbc.org (contact the Church Office Manager if you have questions).
3. A fee will be charged.
4. An adult host from FCBCLA must be present at the event.
5. Outside groups must sign a Facility Usage Agreement (we do not rent our facilities).

Contact Name__________________________________________ Date________

Do you attend FCBCLA? □ Yes □ No (if no, please name FCBCLA host______________________________)

Name of organization_____________________________________

Type of organization: □ Ministry □ Community □ Government □ Commercial □ Other__________________________

Phone (circle: home #/work #/cell #)________________________ Email________________________

Event Description and Purpose________________________________________

□ One Time Event □ Recurring Event (Frequency__________________________)

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<tr>
<th>Date (include rehearsal/set-up dates)</th>
<th>Arrival Time</th>
<th>Event Start</th>
<th>Event End</th>
<th>Departure Time</th>
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Number of people attending_________________________ Will you be serving food? □ Yes □ No

Facility requested: □ Worship Center □ Large Meeting Room □ Classroom □ Gym □ Kitchen

□ Parking Lot □ Other

Equipment requested: □ Audio/Visual (specify:__________________________)

(Generally, we do not permit use of our sound system.)

□ Chairs #________ □ Tables #________ □ Other________________________

Do you have liability insurance? □ Yes (please provide a copy to trustees at least one week before first use) □ No

FEE SCHEDULE – Please make checks payable to FCBCLA, Memo: Facility request, at least 2 weeks prior to event.

Worship Center: to be determined $_______ Large Meeting Room: tbd Classroom: tbd


Other: □ Fee adjusted or waived by:

CHURCH USE ONLY

I. Master Church Calendar (check dates for conflict): □ Cleared □ Not cleared (decline request)

II. Approved by (print & sign name; authorized signatures only):

Ministry Staff__________________________________________ Date________

Trustee________________________________________________ Date________

III. Declined by:________________________________________ Date________

IV. Notes:______________________________________________