

Facility Usage Form for Outside Groups



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

(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 _____)

Date (include rehearsal/set-up dates)	Arrival Time	Event Start	Event End	Departure Time
	am/pm	am/pm	am/pm	am/pm
	am/pm	am/pm	am/pm	am/pm
	am/pm	am/pm	am/pm	am/pm

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
Gym: tbd	Kitchen: tbd	Parking Lot: tbd
Other: _____	<input type="checkbox"/> 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: _____