



Facility Reservation Request

Name of person or organization requesting use of facilities:

Please state your affiliation with West Acres Baptist Church:

- Church Member
- Church-Sponsored Ministry
- Non-Member Group/Organization

Event:	
Group Name:	
Contact Name:	
Contact Phone:	
Contact Email:	
What date(s) and time(s) are you requesting to use the facilities (include setup and breakdown times):	
WABC member reference (required for non-members):	

Please select area of facilities that you are requesting:

- Worship Center
- Multi-Purpose Center
- Fellowship Hall
- Kitchen
 - The kitchen may only be used for church events or events held at the church
 - Use of kitchen must be coordinated with Lisa Fearneyhough at lisa@westacres.org
- Cornerstone Café
- Classroom(s) _____

Please select additional services that you are requesting.

- Sound
- Video
- Light
- Stage Teardown
- Childcare (WABC sponsored ministry events only)

Please describe in detail your audio, video, and lighting needs:

Please estimate number of technicians and number of hours needed for event here (include rehearsal times, required time(s) to be present, and time to shut equipment down and clean):

Please describe the desired layout or other setup requirements.

If the requested use is by an organization not affiliated with the church, please briefly state the organization's purpose and mission:

Please list the organization's website, if any: _____

Please list the names of the organization's office-holders and leaders:

Regardless of type of user, please describe the purpose for which you intend to use the facilities:

1. Payment of the following fees will need to be provided to guarantee my reservation.

\$ _____ Security Deposit
\$ _____ Facility Use Fees
\$ _____ Optional Fees
\$ _____ **TOTAL FEES DUE**

Signature

Printed Name

Date

WABC Witness