

First Baptist Church
E-Mail: loma@fbchurch.com

239 Middle Street, P. O. Box 1463

New Bern, NC 28563
Office: (252) 638-5691
Fax: (252) 638-8592

**FAMILY LIFE CENTER
RESERVATION REQUEST**

Group Coordinator: _____ Phone (H): _____
Address: _____ (W): _____

Purpose of event: _____ Event date(s): _____

Organization: _____

Arrival time (includes preparation): _____ Departure time: _____ Actual time of event: _____

Approximate number of people involved: _____ Parking spaces needed: _____

FEES: All fees are considered donations and are intended to offset the cost and maintenance of equipment, utility cost, and to help eliminate strain on the church budget. ♦ Credit will not be extended. ♦ A deposit of 25% must be submitted within one week of request approval. ♦ The church may keep the deposit if group cancels event. ♦ The balance due for facility rental must be paid 48 hours before scheduled event.

FACILITIES NEEDED

FEES

- ____ Fellowship Hall/Gym. \$100 for first 3 hours, \$25 per hour afterwards, maximum \$200 per day
- ____ Kitchen. \$200 (includes \$100 for kitchen hostess)
- ____ Small Meeting Room(s). \$10 per hour, \$25 for 3 hours
- ____ Youth Lounge (Game Room). \$20 per hour, \$50 for 3 hours
- ____ Dish Room. \$10 per hour
- ____ Janitorial Services. \$100 (includes room set-up and cleaning afterwards)

Comments/Requests: _____

ACCEPTANCE OF TERMS AND RELEASE OF LIABILITY

I, the undersigned, as the person responsible for the group named above, have read and agree to the policies and procedures pertaining to the use of the requested facilities. I also fully release and discharge First Baptist Church of New Bern, North Carolina, Inc. from all liability of any kind and character upon claim, demand, or cause of action which might be asserted in behalf of the above group against First Baptist Church of New Bern, North Carolina, Inc.

Coordinator's Signature

Date



OFFICIAL USE ONLY

Approved by: _____ Date: _____

Comments: _____

FEES: Fellowship Hall/Gym: _____ Kitchen: _____ Room(s): _____

Janitor: _____ Materials: _____ Other: _____

TOTAL DONATION REQUESTED: _____ Cash: _____ Check: _____

Date deposit received: _____ Date balance received: _____

NON-MEMBERS AND ORGANIZATIONS