



**CATHEDRAL OF FAITH BAPTIST CHURCH
BUILDING USE FORM
FAMILY LIFE CENTER**

TODAY'S DATE: _____

NAME OF MINISTRY/EVENT/GROUP: _____

CONTACT PERSON REQUESTING BUILDING: _____

CONTACT INFORMATION: CELL _____ OTHER _____

PURPOSE FOR BUILDING USE

DATE OF FUNCTION: _____

TIME OF FUNCTION: START TIME: _____ AM PM END TIME: _____ AM PM

I WOULD LIKE TO ARRIVE ON THE DAY OF THE EVENT AT: _____ AM
PM

NUMBER OF PEOPLE EXPECTED _____

PREPARATION / SET - UP INFORMATION

I WOULD LIKE TO SET-UP FOR THE EVENT ON:

DATE: _____

TIME: FROM _____ AM PM TO _____ AM PM

EQUIPMENT REQUESTED FOR THIS EVENT:

NOTE: You are responsible for the restoration of the Family Life Center upon completion of the function.

Signature of person completing form

Date

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OFFICE USE ONLY

Date Rec'd: _____ Rec'd by: _____ Approval: ___ Yes ___ No

Date Notified: _____ Notified by: _____