

**LYNWOOD BAPTIST CHURCH**  
**Calendar Request/Facility Use Form**

- Copy To Calendar     Copy to Scott  
 Copy to Tracy (if sound/media needed)

Please complete entire form and turn in 2 weeks prior to event. The event must be approved by a staff member.

Date Submitted: \_\_\_\_\_ Submitted by: \_\_\_\_\_

Lynwood Member? Y  N       Public Event (Open to Church)  Private Event

**TYPE OF EVENT**

<input type="checkbox"/> Fellowship	<input type="checkbox"/> Wedding	<input type="checkbox"/> Worship/Drama/Music
<input type="checkbox"/> Luncheon/Banquet	<input type="checkbox"/> Anniversary Party	<input type="checkbox"/> Seminar/Training Conf.
<input type="checkbox"/> Meeting	<input type="checkbox"/> Shower	<input type="checkbox"/> Other (Describe Below)
<input type="checkbox"/> Bible Study	<input type="checkbox"/> Private Party	_____

Contact Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Contact Address: \_\_\_\_\_

Event Name: \_\_\_\_\_

Event Dates: \_\_\_\_\_ End Date: \_\_\_\_\_

Event Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Church Related? Y  N       Church Ministry Involved: \_\_\_\_\_

Estimated Set-Up Time: \_\_\_\_\_ Estimated Tear Down Time: \_\_\_\_\_  
(Please be as accurate as possible, as it is necessary to schedule maintenance crew for evening and weekend activities.)

Announce in Bulletin? Y  N  Dates: \_\_\_\_\_ Announce in Newsletter? Y  N

Description of Event: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sound Tech? Y  N

Rooms Requested: \_\_\_\_\_

Number Expected to Attend: \_\_\_\_\_ Is Kitchen/Cook Help Needed? Y  N

**Set-Up Requested:** Draw diagram on back of sheet. If submitting this form electronically, please submit set-up diagram 1 week prior to event.

Resources Needed: \_\_\_\_\_

Special Needs/Comments: \_\_\_\_\_  
\_\_\_\_\_

Staff Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Fee: \_\_\_\_\_ Date Received: \_\_\_\_\_