Approval:_____

Facilities Use: Request/ Reservation Form

Today's date:_____

Event Name:_____

CBC Function (circle one) : Yes / No

Date(s) of event_____

Start time of event_____End Time_____

Set-up time _____Clean-up time_____

Responsible Party:_____

Phone:_____

Email:_____

Alternate contact:_____

Phone:_____

Email:_____

Room/Area Requested: **Max Occupancy**
- ☐ MPR/Worship Center   435
- ☐ Community Area   246
- ☐ Bistro Area   100
- ☐ Coffee Bar   100
- ☐ Student Ministries Area-A   106
- ☐ Student Ministries Area-B   110
- ☐ Rm 101   73
- ☐ Rm 109   22
- ☐ Rm 110   22
- ☐ Children's Ministries Area-A   83
- ☐ Children's Ministries Area-B   110
- ☐ Children's Ministries Area-C   139
- ☐ Outside_____
- ☐ Other_____

Extra Notes:

cleburne bible church

Please also complete this section indicating month and weekday.

Month Year

Sun	Mon	Tues	Wed	Thu	Fri	Sat

Month Year

Sun	Mon	Tues	Wed	Thu	Fri	Sat

Month Year

Sun	Mon	Tues	Wed	Thu	Fri	Sat

★ **OUTSIDE ORGANIZATIONS** must furnish (prior to your event) a Certificate of Liability Insurance w/Cleburne Bible Church added as an additionally insured & a Waiver of Subrogation. *(Office - Received Certificate: Yes / No)*

- •Will food be served? Yes / No
- •Ice machine? Yes / No
- Tablecloths?   Yes / No (*$10 per tablecloth)
- •Number of attendees expected_____
- •Special equipment (TV, whiteboard, sound system, video system)_____
- •Room setup (tables, chairs, etc. For specific requests please draw it on the back)_____
- • (For CBC Events only) Does your event need Childcare? Yes / No
    - ⁻If yes please fill out a Childcare request form & contact Barbra Valerio *(Office - Received Form: Yes / No)*

Month Year

Sun	Mon	Tues	Wed	Thu	Fri	Sat

Month Year

Sun	Mon	Tues	Wed	Thu	Fri	Sat

Month Year

Sun	Mon	Tues	Wed	Thu	Fri	Sat

Month Year

Sun	Mon	Tues	Wed	Thu	Fri	Sat

Month Year

Sun	Mon	Tues	Wed	Thu	Fri	Sat

Month Year

Sun	Mon	Tues	Wed	Thu	Fri	Sat