

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

- |   |     |
|---|-----|
| <input type="checkbox"/> MPR/Worship Center           | 435 |
| <input type="checkbox"/> Community Area               | 246 |
| <input type="checkbox"/> Bistro Area                  | 100 |
| <input type="checkbox"/> Coffee Bar                   | 100 |
| <input type="checkbox"/> Student Ministries Area-A    | 106 |
| <input type="checkbox"/> Student Ministries Area-B    | 110 |
| <input type="checkbox"/> Rm 101                       | 73  |
| <input type="checkbox"/> Rm 109                       | 22  |
| <input type="checkbox"/> Rm 110                       | 22  |
| <input type="checkbox"/> Children's Ministries Area-A | 83  |
| <input type="checkbox"/> Children's Ministries Area-B | 110 |
| <input type="checkbox"/> Children's Ministries Area-C | 139 |
| <input type="checkbox"/> Outside _____                |     |
| <input type="checkbox"/> Other _____                  |     |

## Extra Notes:

- 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 )



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 )