

MINISTRIES of WAUKESHA BIBLE CHURCH

Facilities Use Form

The Ministry Coordinator is responsible for filling out this form and holding their team accountable for the details contained herein. The Ministry Coordinator may delegate this responsibility to a ministry representative, however, the MC is ultimately accountable for complying with all expectations and guidelines. Please submit all requests to the office at least 2 weeks prior to desired dates.

Section I | Scheduling and Calendar

Name of Ministry or Activity of WBC making facility request: _____

Ministry Coordinator: _____ Email: _____

Ministry Representative: _____ Email: _____

Regularly scheduled ministry gathering | Description: _____

Ministry Event/Activity | Description: _____

Date(s) Requested: _____ Times: _____

Start Date: _____ End Date: _____

I have read and understand the M:60 expectations detailing the promotional opportunities available.

Section II | Facility and Equipment

Rooms Requested:

- _____ Auditorium
- _____ Conference Room
- _____ Library
- _____ Connector Room
- _____ Fellowship Hall
- _____ Gymnasium
- _____ Kitchen
- _____ Lower Level Classroom(s)
- _____ Childcare Room(s)
- _____ Sports Field/Pavilion
- _____ Other _____

Equipment Requested:

- _____ P.A. System
- _____ Projector/TV Monitor
- _____ DVD player
- _____ Activity/Game Supplies
- _____ 8 foot tables (20 available)
- _____ 8 foot lecture tables (20 available)
- _____ 6 foot lecture tables (4 available)
- _____ Round tables (16 available)
- _____ Chairs
- _____ Kitchen Supplies
- _____ Other _____

Please sketch table/chair layout for each room on a separate sheet of paper and attach to this form.

Availability dependent on other WBC events for the date(s) requested.

Section III | Expectation Agreement

I understand expectations and guidelines are necessary for using the facilities of WBC for ministry/activity purposes. I agree to connect with the following point person to discuss and comply with all expectations/guidelines.

- Equipment – Aaron Cutshall
- Unlock/Lock up – Aaron Cutshall
- Kitchen – Bob & Sandy Geldon
- Clean up – Aaron Cutshall

Signature: _____

Date of Application: ____/____/____

Section IV | Office Use Only

Date Approved: ____/____/____ Initials: _____

Date placed on the calendar: ____/____/____

Copy given to Facilities Manager: ____/____/____

Copy given to Executive Pastor: ____/____/____

