

FORM 2 - WFBC Equipment/Furniture/Instruments Request Form
Without Facilities

Contact Name: _____ Contact Phone No.: _____

Contact Address: _____
(Street/P.O. Box) (City) (State) (Zip Code)

Contact E-Mail Address: _____

Date of Event: _____

Time of Event: (Pick up Time) _____ am/pm (Circle one)

(Return Time) _____ am/pm (Circle one)

Furniture Requested for use off WFBC premises: (Check All That Apply)

Tables – Round (32 – 5’) Number Requested: _____

Tables – Rectangular (23 – 8’) Number Requested: _____

Folding Chairs Number Requested: _____

Equipment/Instruments Requested for use off WFBC premises: (Check All That Apply)

Sound Equipment Screen Drums

DVD Player Keyboard

Bells Other _____

Intended Use is By: (check one)

A Ministry of WFBC A WFBC Member for Personal Use

A WFBC Member for Business Use

A Non-Profit Organization Name of Non-Profit: _____

Description of Intended Use/Event: _____

Signature of Requesting Party: _____ Date: _____

(Form may be e-mailed to denise.stinson@wakeforestbaptistchurch.org)

Internal Use Only:

Date Form Received by WFBC: _____ Received From: _____

_____ Approved (Date) _____ Denied (Date)

Approval/Denial Communicated to Requesting Contact: _____ By: _____