

FORM 1 - WFBC Facilities Request Form

Contact Name: _____ Contact Phone No.: _____

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

Contact E-Mail Address: _____

Date of Event: _____ Number Attending (Estimate): _____

Time of Event: Beginning (set up begins) _____ am/pm (Circle one)

Ending (clean-up completed) _____ am/pm (Circle one)

Space Requested: (Check All That Apply)

- Sanctuary Fellowship Hall Kitchen
- Choir Room Classroom(s) (List on Page 2) No. of Classrooms Needed: _____
- The Stephenson Center

Equipment/Instruments Requested for use in WFBC Facilities:

- Sound Equipment Screen TV Monitor Fellowship Hall Projector & Screen
- DVD Player Piano Organ
- 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-Member
- A Non-Profit Organization Name of Non-Profit: _____

Description of the Event: _____

Description of Special Needs: (if any)

Signature of Requesting Party: _____ Date: _____

(Form may be emailed to denise.stinson@wakeforestbaptistchurch.org)

Internal Use Only:

Date Form Received by WFBC: _____ Received From: _____

Date Request Submitted to Ministerial Staff for Approval: _____

Ministerial Staff: _____ Approved (Date) _____ Denied (Date)

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

Classrooms

<u>Room Number</u>	<u>Description/AV Equipment</u>	<u>Floor</u>	<u>Maximum Capacity *</u>	<u>Requested (Check)</u>
A109	TV Monitor	1st	20	
A123		1st	20	
A110		1st	25	
A122		1st	20	
A119/A120	Double Room-Folding Partition/TV Monitor	1st	20 each	
A201		2nd	15	
A202	Conference Room	2nd	12	
A205	TV Monitor	2nd	20	
A208		2nd	25	
A211		2nd	15	
A212		2nd	20	
A215	TV Monitor	2nd	20	
A216		2nd	30	
A217		2nd	20	
A218	TV Monitor	2nd	20	

* Room capacities vary according to room set-up and may accommodate greater or fewer people than indicated in the chart above.