

FORM 3 - WFBC Facilities Set-Up Form
Fellowship Hall or Fellowship Hall and/or Kitchen

Contact Name: _____ Contact Phone No.: _____

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

Contact E-Mail Address: _____

Date of Event: _____ Number of Participants: _____

Time of Event: (Set Up Begin) _____ am/pm (Circle one)

(Clean Up Completed) _____ am/pm (Circle one)

Number of Tables Required: _____ (23 - 8' Available) _____ Round (32 – 5' Avail.)

Equipment/Instruments Requested: (Check All That Apply)

Sound Equipment Screen Piano

Other: _____

Kitchen Use:

Full Use (Cooking) Prep & Serving Only Caterer On Site (check if yes)

Note: The stage will not be removed, relocated or repositioned.

Additional Comments: (Please include drawing for table set-up. See reverse.)

Signature: _____ Date: _____

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

<p>Internal Use Only:</p> <p>Office Administrator Reviewed Set Up Request: _____ (Date)</p> <p>Set Up Request: _____ Approved _____ Denied</p> <p>Requesting Party Notified of Approval or Proposed Modifications _____ (Date)</p>
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