Calvary Baptist Church
3200 Kingston Pike Knoxville TN 37919
www.knoxcalvary.com
865-523-9419
fax 865-523-6658

FACILITIES USAGE REQUEST

GENERAL

Contact Name: _____

Organization (if applicable): _____

Address: _____

Phone: _____ Email: _____

Event: _____

Event Date: _____/_____/_____ Alternate Date: _____/_____/_____

Time In: _____ ☐a.m. ☐p.m.

Time Out: _____ ☐a.m. ☐p.m. # Attending: _____

AREAS REQUESTED:

- ☐ Sanctuary
- ☐ Chapel
- ☐ Fellowship Hall
- ☐ Kitchen
- ☐ Other: _____ *(rooms)*
- ☐ Student Center
- ☐ Parking: _____ *(location)*

SOUND SYSTEM REQUESTED: ☐Y ☐N

Special Requests: _____

_____

PERSONNEL REQUESTED*

- ☐ Pastor
- ☐ Media Tech
- ☐ Host/Hostess
- ☐ Kitchen Attendant

*If outside group is using facility, an agent of Calvary Baptist Church must be on-site at all time. Fees may apply.

All requests are subject to Calvary's policies and rates. Each request is reviewed at Tuesday's regularly scheduled Staff Meeting. Notification of decision by Staff will be rendered on the following Wednesday.

Received by: _____

Date: _____/_____/_____

Staff Review Date: _____/_____/_____

Approved: Y N

Reason: _____

Posting Date: _____/_____/_____

Contact Date: _____/_____/_____

Deposit Due Date: _____/_____/_____

Deposit Paid Date: _____/_____/_____