

**FACILITY
REQUEST
FIRST
CHRISTIAN
CHURCH**

3209 Whitesburg Drive
Huntsville, AL 35802

Phone: 256-881-0150
Fax: 256-881-0181
Email: secretary@fcc-hsv.org

A contribution for use of the facility, which pays for extra janitorial expenses, is appreciated. A separate list of charges may be provided, if warranted, and fees must be paid in advance.

If groups are unable to cooperate with the staff and other groups using the building, it is understood that staff may ask group to leave.

*Persons who sign this request are familiar with the space limitations of FCC and the need to be good caretakers of the facility. If room is not left in satisfactory condition, extra fees for janitorial services will be charged. Any questions about use of space shall be addressed to the senior pastor or property manager. **Church Office should be contacted if a meeting date is cancelled.***

Certain requests involving insurance coverage must be approved by the property manager. In certain cases, a Liability Waiver and an Insurance Certificate may be requested for our file.

Children MUST BE under adult supervision AT ALL TIMES.

There will be no secretarial/answering service support provided by FCC.

STAFF APPROVAL

PROPERTY MANAGER

DATE

Contribution received?
? yes ? no

DATE OF APPLICATION

DATE OF EVENT TIME

NAME OF REQUESTING GROUP/INDIVIDUAL:

EVENT _____
(recurring events must be renewed in January)

CHECK WHICH ROOM(S) REQUIRED:

- | | |
|--|---|
| _____ SANCTUARY (400) | _____ Family Services Area (50) |
| _____ PARLOR (25) | _____ McMANS (<i>Fellowship Hall/Gym</i>) (200) |
| _____ PARLOR KITCHEN | _____ DOWNSTAIRS CLASSROOMS: |
| _____ CYF (<i>upstairs</i>) (20) | _____ 202 <i>Disciples Today</i> (25) |
| _____ CHI RHO (<i>upstairs</i>) (20) | _____ 209 <i>New Testament</i> (25) |
| _____ GARDEN RM. (30) | _____ 204 <i>Growing in Faith Together</i> (30) |
| _____ KITCHEN | _____ 211 <i>Growing Christians</i> (25) |
| _____ LIBRARY (20) | _____ OFFICE CONFERENCE ROOM (10) |
| _____ OTHER (<i>Name</i>) _____ | |

EQUIPMENT REQUIRED:

TABLES:

Diagram of layout:

NO. ROUND:

NO. LONG:

NO. CHAIRS:

OTHER _____

Person (s) responsible for room set up/clean up:

NAME _____ PHONE _____

EMAIL: _____

FACILITIES NEEDED FROM _____ AM/PM TO _____ AM/PM

APPROX. # ATTENDANCE _____ CHILD CARE? _____
(IF YES, COMPLETE REVERSE)

Name of person responsible for proper use and care of facilities and who will pay for any church items broken or damaged during the event. An issued key for one time events must be returned after the event and not passed on to another person.

NAME _____

ADDRESS _____

PHONE _____ (HOME) _____ (WORK) _____

E-MAIL _____

SIGNATURE _____

NO SMOKING OR ALCOHOLIC BEVERAGES ALLOWED ON CHURCH PREMISES. FOOD & BEVERAGES ARE NOT PERMITTED IN THE SANCTUARY.

PLEASE RETURN THIS FORM ATTENTION: Julie Van Hoose

AS OF 25 January 2005

CHILD CARE REQUEST

FIRST CHRISTIAN CHURCH

DATE OF APPLICATION _____ DATE OF EVENT _____

NAME OF GROUP _____

PLEASE NOTE:

1. Childcare services are only provided for official church-sponsored functions.
2. There will be a minimum of 2 attendants, for a minimum of 2 hours. The minimum fee per attendant is due even if no children are placed in the nursery.
3. If no children arrive in child care within the first half-hour of the scheduled start time, the attendant will be released, but must be paid for two hours.
4. Your cost is \$12.00 per attendant per hour.
5. First Christian Church does not automatically assume the cost of nursery care. The nursery fee is payable to First Christian Church, mark the check Nursery and include a description and date of the event.

Who is responsible for payment for the child care? (Church, group, individual)

The time child care is needed: From _____ a.m./p.m. to _____ a.m./p.m.

Person to contact _____ Phone _____

(you will be contacted by our child care coordinator)

Total number of children expected: _____

Ages: _____ 1-6 months
_____ 7-12 months
_____ 13-18 months
_____ 19-30 months
_____ 2-1/2 to 4 years
_____ 5-9 years

Number of attendants needed will be determined by number of children and distribution.

Will a meal be served? _____ No _____ Yes

If Yes, who will provide the meal? _____

**Note: Facility request approval is contingent upon child care availability.*