

Office Use:
Contacted: _____
Calendar: _____

Office Use:
Approved: _____
Not Approved: _____

Activity Request Form for Non Church Groups

Requests due at least 4 weeks before date of activity.

If activity is cancelled or date changed please contact the church office as soon as possible.

Date of Request: _____

Request from: (Class/Group) _____
(There is a charge for use of facilities for Non-church functions. Please call the church office to get the cost)

Date of Activity: _____ Start Time: _____ End Time: _____

Date for Set-up: _____ Start Time: _____ End Time: _____

(For ongoing ministries) Date Activity Ends: _____

Location of Activity:

1st Choice: _____ 2nd Choice: _____

Description of Activity (Please give specific information) _____

Contact Person(s): _____
(You are the person(s) in charge of clean-up, set-up, and take down)

Phone # _____ Work/Cell # _____

PLEASE MARK THOSE ITEMS THAT APPLY TO THIS ACTIVITY

Facilities Support:

Keys to Facilities Needed: Yes _____ No _____

(Check out keys in the church office a couple of days before your activity and return the next work day)

Kitchen Access: Yes _____ No _____

Set Up and Take Down of Table and Chairs Done by Church Staff: Yes _____ No _____

(There is a charge for the Set Up/Take Down) Note: If you do Set Up/Take Down yourself, you are responsible for returning borrowed tables, chairs, etc. to the appropriate place.

How many Tables?: Round: _____ Square: _____

How many Chairs per table?: _____ (max 8)

Equipment Schedule: (There is a \$50.00 per hour charge for each of the Audio, Visual and Lighting equipment use in order to have a trained person on hand for any activity)

Audio _____ Visual _____ Lighting _____

Permission Slips: Yes _____ No _____ (These are needed for minors when going off campus)

Childcare Support: (This is approved by the Pastoral Staff and then Childcare Coordinator will be contacted.)

Childcare Needed: Yes _____ No _____

Children Expected: (Note how many by age category.)

Babies (Ages: Birth - 2) _____ **Children (ages: 3-12)** _____

Financial Support:

Approved Voucher Attached for: \$ _____ **Account #** _____

Voucher for Designated Funds: \$ _____ **Account #** _____

Promotional Support:

Website _____

Lobby Announcement Screens _____

Signature _____

Date _____

For office use only:

Contact Kitchen Crew: _____

Contact Person for Sound/Multimedia: _____

Contact Childcare Person: _____

Contact Custodian: _____

Contact Landscaper (if needed): _____

Permission Slips made and delivered: _____

Contact Set Up/Take Down Person _____



FIRST BAPTIST
Fair Oaks ▶ PEOPLE MATTER

4401 San Juan Ave, Fair Oaks, CA 95628
916-966-2295 www.fbcfo.com

Use of Facilities Guidelines for Non-church Activities

In order to use the facilities of First Baptist Church of Fair Oaks you must fill out an Activity Request form at least 4 weeks prior to the activity. This is to make sure that there are no conflicts on the calendar. We also need to know if you need anything specific for your activity, such as sound equipment for the Large Fellowship Hall or set up of multimedia. We need this information so that everything in your activity will run as smoothly as possible. So please give us as much information as you can so we make sure you have all you need.

If you are going to use the Sound/Multimedia equipment for your activity, we need to let you know that there will be a charge for use of that equipment.* We need to make sure that there will be someone trained to use this equipment on hand and we need to make sure that they are compensated for their time.

The use of facilities are the responsibility of those using them. If you spill anything on the carpet, please clean up what you have spilled. If the carpet needs to be cleaned due to deep soiling, please let the church office know as soon as possible. If there are burned out light bulbs or something isn't working properly, let the church office know as soon as possible.

We want these facilities used as much as possible and we want to make sure that you don't have any problems during your activity due to lack of preparedness.

A Hold Harmless Agreement must be signed and returned along with the Activity Request Form and a Certificate of Liability Insurance naming First Baptist Church of Fair Oaks as an additional insured must be provided in order for your event to take place.

I have read and understand these guidelines: _____

* Please consult with Church office for system/software compatibility.



FIRST BAPTIST
Fair Oaks ▶ PEOPLE MATTER

4401 San Juan Ave, Fair Oaks, CA 95628
916-966-2295 www.fbcfo.com

HOLD HARMLESS AGREEMENT

For Use of First Baptist Church of Fair Oaks

TO BE ATTACHED TO THE ACTIVITY REQUEST FORM

I/We the undersigned representative(s) of _____
(name of organization)
of the city of _____, state of _____ shall be
using the buildings and/or grounds of **First Baptist Church of Fair Oaks**, from _____
to _____, for the purpose of _____,
herein referred to as the **activity**.

I/We understand and agree that neither **First Baptist Church of Fair Oaks**, nor its trustees, representatives, employees or agents may be held liable in any way for an occurrence in connection with the **activity** above which may result in injury, harm or other damages to the undersigned or members of **First Baptist Church of Fair Oaks**, congregation and guests, invited or not.

As part of the consideration for being allowed to use the facilities of **First Baptist Church of Fair Oaks**, as well as all appliances and fixtures in the activity. I/We assume all risks in connection with participation in the **activity**.

I/We further release **First Baptist Church of Fair Oaks**, its trustees, employees, agents or representatives for any injury or damage which may occur while participating in the **activity**.

I/We further agree to save and hold harmless **First Baptist Church of Fair Oaks**, its trustees, employees, agents or representatives from any claim by the undersigned member of the Organization, their estates, heirs or assigns arising out of or participation in any form or fashion in the **activity**.

I/We also authorize **First Baptist Church of Fair Oaks**, its employees or agents to obtain such emergency medical care or treatment as may be necessary should any injury, harm or accident occur while participating in the **activity**.

I/We further state that I/We are authorized to sign this agreement, that I/We understand the terms herein are contractual and not mere recital; and that I/We have signed this document out of my/our own free act and volition. I/We further state and acknowledge that I/We have fully informed ourselves of the content of this affirmation and release by reading it before I/We signed it.

I/We have executed this affirmation and release on the _____ day of _____, _____.
(month) (year)

Print Name _____ Signature _____

Print Name _____ Signature _____