COLEY SPRINGS MISSIONARY BAPTIST CHURCH REQUEST FOR USE OF CHURCH FACILITIES FORM

(Please Print Responses in All Applicable Fields)

1. Requested date(s) of service or event:		
2. Name of individual or church ministry requesting use of facilities:		
Please check applicable status:		
[] ACTIVE MEMBER [] INACTIVE MEMBER [] NON-MEMBER [] CHURCH MINISTRY		
3. Purpose of use: [] Banquet or Reception [] Funeral Service [] Wedding [] Worship Service		
[] Workshop or Seminar [] Other, specify		
WEDDINGS ONLY:		
Counseling is required for weddings performed at CSMBC. Contact the CSMBC pastor for details. If this request is being submitted by a non-member, but is related to a CSMBC member, please indicate the CSMBC member's contact information and relationship below:		
Full name: Telephone #: Relationship:		
4. Name of deceased: (IF APPLICABLE) CSMBC member: Yes [] No []		
5. Contact information of person completing form:		
A. Full Name: Email Address:		
B. Mailing Address:		
C. Telephone #s' Landline: Mobile:		
6. Requested time of event: From: AM [] PM [] Until: AM [] PM []		
7. Requested time church facility is to be opened: AM [] PM []		
8. Areas of requested use:		
[] Sanctuary [] Fellowship Hall [] Kitchen (only warming of food permitted) [] Chapel [] Shelter		
9. Requested use of equipment and furnishings:		
[] Organ [] Piano [] Drums [] *Audio System [] Tables #		

^{*}Operated by CSMBC Staff only

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Signature of person completing this form	Date this form was submitted	
Items below this line are to be completed by CSMBC staff:		
CSMBC designee signature:		_
Trustee:	Date:	_
Deacon:	Date:	_
Pastor:	Date:	_
Contribution to Church: (due on or before date of	f use) Amount \$Receipt #	_
Received by:	Date:	

Date of revision: July 2023