

# Facility Request Application (Rev. 9/15)

## Old Fort Baptist Church

10505 Dorchester Road Summerville, SC 29485

Phone: (843) 873-2283      Fax: (843) 376-0625      email: [dmiles@oldfortbaptist.org](mailto:dmiles@oldfortbaptist.org)

Date of Request: \_\_\_\_\_ **Date of Use:** \_\_\_\_\_

Time Begin/End: \_\_\_\_\_ Set up time: \_\_\_\_\_

Purpose: \_\_\_\_\_ Clean up time: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Facility Requested: (Circle all that apply)**

Worship Center

Ministry Center

Gym

CLC Kitchen

CLC Dining Room

Other: \_\_\_\_\_

**Materials Requested: (How many)**

Tables: Round: \_\_\_\_\_

Rectangle (8ft): \_\_\_\_\_

Chairs: \_\_\_\_\_

Other: \_\_\_\_\_

**Sound or Media**—If yes, complete Audio/Media Event Questionnaire: (Circle)    Yes    No

Special Requests: \_\_\_\_\_

Contact Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Important Note: The non-refundable deposit must be paid before the date will be secured on the calendar.**

All Fees must be paid two weeks prior to event. The contact person is responsible for agreement to all conditions for use of the facilities/equipment and by signing this form is agreeing with and has read the Facilities Use Policy Manual.

**Fee Schedule**

<i>Item</i>	<i>Member</i>	<i>Non-Member</i>	<i>Non-Profit</i>	<i>Paid/Date</i>
Non-refundable Deposit	None	\$50.00	None	
Minister	Honorarium	\$250.00	NA	
Sound Tech (per building)	\$75.00*	\$100.00*	\$100.00*	
Media Tech (per building)	\$75.00*	\$100.00*	\$100.00*	
Pianist/Organist	\$100.00	\$150.00	NA	
Custodian (per building)	\$100.00	\$150.00**	\$100.00**	
Worship Center	No charge	\$600.00	\$200.00	
All other buildings	No charge	\$250.00	\$100.00	

\* required when the event uses church sound/media equipment

\*\* required; group can't perform own cleanup

**TOTAL DUE:** \_\_\_\_\_