

## FIRST BAPTIST CHURCH OF HIGLAND PARK 6801 SHERIFF ROAD – LANDOVER, MARYLAND 20785

Office: 301-773-6655

 $\textbf{Email:} \ \, \underline{\textbf{Facilities use@fbchighlandpark.org}}$ 

DR. HENRY P. DAVIS, III

## **FACILITIES USE AND ROOM REQUEST FORM**

<u>Please complete form in its entirety and return to the Administrative Office or email to Facilitiesuse@fbchighlandpark.org</u> or as otherwise instructed.

	a. FBCHP Member	Non-Member	·
	b. Date Submitted:		
Con	tact Person Name:		
	a. Cell Number:		
	b. Office/Home Number:		
	c. Email Address:		
Sigr	nature of Applicant:		
0.8.			
	b. Date Signed:		
	e & Time of Event Request eline of Event from Setup t		
. Тур	e of Event: (Please Check C	One)	
	a Worship	e	Workshop/Seminar
	b Concert	f	Training
	c Conference	g	Meeting
	d Ministry Fello	owsnip n	Wedding

8.	Related Organization and/or Sponsor:  IRS 501 (c) Status:					
9.	Does (	Organization have Liability Insurance that Covers Event?(Yes) (N	o)			
10.	What	are the requirements for this Event?				
	a.	Space Required Description:	_			
		Audio Required:	_			
		Video Required:				
		Technical Assistant Required:				
		Projectors/Screen				
		Other:				
11.	Will th	here be a charge or admission to attend the Event? (Yes) (No)				
		Tickets must be sold prior to the Event. No Tickets can be sold at the Door.				
12.	Will th	here be an Offering Collected? (Yes) (No)				
13.	ls Eve	nt for Members or Open to the Public? Members Public	_			
Rooms numbe		e assigned by the Facilities Use Team and will be based on event need(s) and eople.				
Note: I Highlan	=	ents must be in the form of a cashier check made out to First Baptist Church of c.				
ADDITI	ONAL	NOTES:				

NDDITIONAL NOTES (cont): 	