

Church Facilities Use Application
Fort Washington Baptist Church
11516 Fort Washington Road, Fort Washington, MD 20744

Name of Ministry / Activity:		Date of Application:	
Requested Date(s):		Type of Function:	
Start Time:		End Time:	
Speaker / Officiating Individual:		Set-up time:	
Facility Needed:			
Special room arrangements: (Please submit diagram of requested room arrangements for seating and/or tables.)		<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Sanctuary <input type="checkbox"/> Music & Fine Arts/Multipurpose Room <input type="checkbox"/> Classroom _____ <input type="checkbox"/> FWBC House _____ </div> <div> <input type="checkbox"/> Conference Room <input type="checkbox"/> Fellowship Hall <input type="checkbox"/> Welcome Center <input type="checkbox"/> Other (Specify) _____ </div> </div>	
Requirements:			
Person in Charge:		<div style="display: flex; justify-content: space-between;"> <div> Count: Yes___ No___ Musician(s) (specify:) _____ Sound Technician: Yes___ No ___ TV: Yes___ No___ Security: Yes ___ No ___ Projector: Yes ___ No ___ </div> <div> Ushers: Yes ___ No___ Photography/Other: _____ Microphones (How many? _____ Videographer: Yes ___ No ___ Hospitality: Yes___ No ___ </div> </div>	
Telephone No. :		Cell No.:	E-mail:
Address:			
Funding Required:			
Treasurer Approval:		Source of Funding:	
Have all vouchers been submitted and approved?		Date of Submission / Approval:	
Approvals:		(Note: All funds collected shall be submitted to organization's Minister.)	
Ministry Chair/Person in Charge:		Date:	
Department Head/Pastoral Approval:		Date:	
Head of Administration:		Date:	
Approved / Disapproved:		Date:	

(3/19) NOTE: This form must be completed and submitted to the Front Office NLT 30 days prior to Event/Meeting.