



## FIRST BAPTIST CHURCH OF GUILFORD USE of SPACE REQUEST/APPROVAL FORM SOP 2A (COVID-19)

Ministry/Organization: \_\_\_\_\_

Name (Activity Coordinator): \_\_\_\_\_

Email:

Phone #:

Activity (i.e. Sunday school)

Date of Event:

Time (Beginning and Ending of event):

Room Number: \_\_\_\_\_ (Approval based upon maximum occupancy/requirements)

Services needed (i. e. Custodian, AV Ministry):

Projected number of participants:

APPROVAL:

\_\_\_\_\_

Date \_\_\_\_\_

Robin Echols, Clerk

\_\_\_\_\_

Date \_\_\_\_\_

Susie Wright, Facilities Coordinator

\_\_\_\_\_

Date

William Crutchfield, Director of Operations

**Please attach special directions and diagram of room set up.**