



FIRST BAPTIST CHURCH OF GUILFORD USE of SPACE REQUEST/APPROVAL FORM SOP 2A

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): AV Ministry Security Willing Workers

Hospitality Ministry Other

Projected number of participants: _____

APPROVAL:

Date _____

Robin Echols, Clerk

Date _____

Susie Wright, Facilities Coordinator

Date _____

Rodney Childs, Operations Manager

Notes:

Please attach special directions and diagram of room set up.

Please email completed Space Request form to Sis.Echols, Trustee Wright, and Bro.Childs.