

MEMBER USE OF FACILITY FORM

Date Submitted:						
Name of User/Group:	Contact Person:					
Daytime Phone:	Evening Number:					
Email:						
Dates of Event:	Time of Use:	FROM		то		
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FACILITIES AND SERVICES REQUESTED: All fees pay rate checks are required for each request. (Make Chec Requested Rooms:			k (7 days) in	advan	ice. Sepa-	
	r	MBR FEES				
Security Deposit (Refundable)		\$125				
Sanctuary		\$250				
Fellowship Hall (includes Kitchen)		\$125				
Classrooms		\$75				
Sound Room Technician		\$50				
Custodial Fee (rcvd on)		\$150				
Special Arrangements (equipment, special room	set-ups, etc.): _					
The undersigned agrees to abide by the rules and of Baton Rouge.	procedures outl	ined by	Mt. Carme	l Bap	tist Church	
Signature For User:		Date: _				
Signature For User:		Date: _				