

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 Checkequested Rooms:		ek (7 days) in advance. Sepa-
	NON MBR FEES	
Security Deposit (Refundable)	\$250	
Sanctuary	\$500	
Fellowship Hall (includes Kitchen)	\$250	
Classrooms	\$150	
Sound Room Technician	\$100	
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 outlined b	y Mt. Carmel Baptist Church
Signature For User:	Date:	
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