<u>First Baptist Missionary Church</u>

Member and Ministry Application for Usage

Please complete all information

Name of applicant:	
Ministry:	
Contact number:	
Date of application:	
Usage Date:	Time:
Purpose:	
Areas to be used (check all areas needed)	
SanctuaryFellowship HallSteam Tab	le Sound Room _Kitchen
Church YardClassroom #,,	
Approved by:	Date:
Approved by:	Date:
Approved by:Pastor	Date:
Guid	lelines
 days prior to the planned event. Approval will be given in writing. All plans for decorations must be submitted f Decorations must be removed immediately fo The kitchen must be left clean and orderly. You must ensure that the premises are left in 	ollowing the event.
Received in office by:	Date: