**MT. TABOR FIRST BAPTIST CHURCH**

**4909 St. Johns Avenue - Palatka, FL 32177**

**Multi-Purpose Facility**

Today's Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date requested:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Facility Opening Time: \_\_\_\_\_\_** A.M./P.M. **Start Time:** \_\_\_\_\_\_\_A.M./P.M. **End Time:** \_\_\_\_\_\_\_\_\_A.M./P.M.

**Area(s) requested:*(check one)*** Fellowship Hall Kitchen\*\* Learning Center Conference Room

**Activity: *(check one)*** Banquet Conference Dinner Reception Workshop Other(*Specify) \_\_\_\_\_*\_*\_\_\_\_\_*\_\_*\_\_*

\*\*Licensed caterer required for any activity requiring the use of commercial kitchen equipment.

Name of Group or Organization (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand and agree that I am fully responsible for this facility during this activity and hereby assume all liability and responsibility for any and/or all damage incurred. I will make no alterations to any part of the facility. I acknowledge that I have received a copy of the multi-purpose facility guidelines of Mt. Tabor First Baptist Church the Chairman of the Trustees or other Authorized Church Official will approve use of facility in accordance with the rules and regulations of the Mt. Tabor First Baptist Church, Inc. The Trustee Chairman and the Pastor shall exercise final authority on any agreement for use of facilities subject to the procedures of the Board of Trustees of Mt. Tabor First Baptist Church. I also understand that there are extra charges for any additional use of facilities beyond the time specified.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Authorized Representative

Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Church Official

Authorized: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pastor/Trustee Chairman

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*Use of Facility (Multi-purpose)\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

**CHARGES\*\***

**The total charges must be paid on day of approval**

**Type #1:**A donation of **$100**required(Includes the opening and closing and janitorial services)

**Type #2, Type #3 and Type#4:**

**Multi-Purpose Facility** (Includes the opening and closing and janitorial services)

**Total Cost:** Half Day (**4** hours-maximum)..**$150.00** Full Day (**8** hours)... **$250.00***($25 an hour for each half hour over)*

Other purposes or areas: Amount determined on individual basis. Insurance may be required in some cases.

For office only: Fee applicable? Yes or No If yes: Amount $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Check One:*

Type #1 Requestor: Active Tithing Member

Type # 2 Requestor: Non-tithing Member/Inactive Member

Type # 3 Requestor: Non-Member

Type #4 Requestor: Other Church/Non-profit Organization

Revised 10/09