

**Facilities Request and Vehicle Request Form**

Please complete all information, drop off at the Church office or email to newemmanuel@epbfi.com

**PLEASE ALLOW TEN BUSINESS DAYS FOR PROCESSING**

Submission Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Check One: □ NEW REQUEST □ CHANGE □ CANCEL

**EVENT**

Sponsoring Group/Ministry/individual: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Event Title/Description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Event Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Est. Attendance: \_\_\_\_\_\_\_ Event Start Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Event End Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Complete this section ONLY Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Start Time: \_\_\_\_\_\_\_\_\_\_ End Time: \_\_\_\_\_\_\_\_\_\_

If you require set up time.

**CHECK YOUR SELECTION(S)**

□ Sanctuary □ Sanctuary/Fellowship Hall □ Fellowship Hall

□ Other (specify):

Room Set-Up Style - Choose One

 □ Not Set-Up □ Theater □ Classroom □ U-Shape □ Banquet □ Special

**\*RENTAL FEES\***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Space** | **Non-Member** |  | **Space** | **Non-Member** |  |
| Sanctuary | **$** |  | Fellowship Hall | **$** |  |

**\*\*SUPPORT SERVICES REQUIRED**

□ □ # of Chairs Needed: □ Podium

□ Sound System □ # of Tables Needed:

*\*Rates not applicable to weddings, funerals and special events.*

*\*\* Additional fees may apply.*

**\*KITCHEN UTILIZATION**

Name of primary person working in kitchen: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In general, NMBC kitchens may ONLY be used for warming. Food preparation may **only** authorized members of NMBC Culinary Staff. All request for us of kitchen must be approved by Culinary Ministry Lead.

**VEHICLE REQUEST**

Name of person driving van: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Approved: (Yes) \_\_\_\_\_ (No) \_\_\_\_\_\_

*All request for use of the Church van, must be approved by the Board of Directors and/or Senior Pastor*

*\*Rates not applicable to weddings, funerals and special events.*

*\*\* Additional fees may apply.*