

FIRST BAPTIST CHURCH

2004 Siskiyou Boulevard * Ashland, OR 97520 * 482-3836

ACTIVITY RESERVATION FORM

Rooms and Vehicles are on a first come/first serve basis. Your room, vehicle or activity is NOT reserved until this form is turned in and approved.

IDENTITY OF GROUP: _____

EVENT NAME: _____ **EVENT DATE:** _____

EVENT TIMES

Starting Time: _____ **Finishing Time:** _____

LOCATION OF EVENT: FBC YOUTH HOUSE OTHER

If other, where?

EVENT PURPOSE

Ministry Outreach Fellowship Discipleship Worship

DESCRIPTION OF EVENT: _____

FBC FACILITY NEEDS

ROOMS NEEDED: _____

KITCHEN NEEDED: Yes No

OVERNIGHT HOUSING: Yes No

NUMBER OF TABLES, IF NEEDED: _____ TV/VCR OTHER: _____

NUMBER OF PEOPLE EXPECTED: _____

VANS NEEDED: 1 2 None

DRIVER'S NAME(S) _____

(If name not on file, must have a copy of the driver=s licenseBfront and back.)

☐ If you **do not** want this information to be put in the weekly bulletin, please check this box.

If you'd like more detailed information, please notify the church office by 9 A.M. on Wednesdays with the information you'd like included.

PERSON IN CHARGE: _____ **TELEPHONE #:** _____

You will be contacted only if there is a conflict on the calendar in regard to the date that you requested. Please notify the office of any damage to equipment, etc. in the church during your activity as soon as possible or a problem with a vehicle.

~ FOR OFFICE ONLY ~

Date Request Turned In: _____ Approved Conflict

Approval Signature: _____ *Facility/Vehicle {Illis}*

Approval Signature: _____ *Budget {Staff}*

Approval Signature: _____ *Church Life (If needed.)*

Λ Please turn over for Budget Form Λ

FIRST BAPTIST CHURCH OF ASHLAND

PRELIMINARY BUDGET

INCOME: (Please identify anticipated amounts and, if appropriate, FBC budget line numbers.)

Budget Lines:

Designated Lines:

Donations:

Fundraisers:

Participant=s Fees:

Total Estimated Income \$ _____

EXPENSES:

Transportation:

Lodging:

Conference/Camp Registration Fees:

Food:

Miscellaneous:

Equipment:

Supplies:

Other Expenses:

Total Estimated Expenses \$ _____

(If the proposed budget is not balanced, please explain how it will be brought into balance.)