**Clay Platte Baptist Association**

Facility Request Form

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

Event Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number Attending: \_\_\_\_\_\_\_\_\_\_

Description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates Needed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Times Needed: Start: \_\_\_\_\_\_\_\_ AM/PM End: \_\_\_\_\_\_ AM/PM

Recurring Event: \_\_\_\_\_\_\_\_\_ Setup Time: \_\_\_\_\_\_\_ AM/PM

Cleanup Time: \_\_\_\_\_\_\_ AM/PM (daily, weekly, monthly)

Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RESOURCES REQUESTED (Check all that apply)**

\_\_\_\_ Main Area \_\_\_\_ TV

\_\_\_\_ Kitchen \_\_\_\_ Dishware  
\_\_\_\_ Tables: \_\_\_\_\_ (qty.) \_\_\_\_ Chairs: \_\_\_\_\_ (qty.)  
\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Fees**: Non-CPBA church or Ministries – $75.00 per day x \_\_\_\_\_ days = \_\_\_\_\_\_\_\_\_\_\_\_

**REQUIREMENTS FOR FACILITIES USE**

•   Liability waiver– Document stating that you accept any and all liability during your event.

* Proof of insurance.

•   Statement of background check– Document stating that any workers who deal with children have passed a background check.

•   You agree with the beliefs and doctrine of the Clay-Platte Baptist Association.

•   Approval must be given by Clay-Platte Baptist Association Leadership Team.

•   We respect your specific requests, and we ask that you and your entire party respect this facility and treat it with the utmost care.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CPBA Leader Date Approved