

**FACILITIES and EQUIPMENT USE REQUEST FORM**

*Louisa Baptist Church*

305 E. Main Street, P.O. Box 552

Louisa, VA 23093

(540) 967-1364

Individual/Organization Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Contact Address: \_\_\_\_\_

Check which item best describes your group:

\_\_\_\_\_ Member of Louisa Baptist Church      \_\_\_\_\_ Non-Profit Organization

\_\_\_\_\_ Religious Group      \_\_\_\_\_ Profit Organization

\_\_\_\_\_ Other: \_\_\_\_\_

Facility and/or Equipment Requested: \_\_\_\_\_

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

Date(s) requested: \_\_\_\_\_ Time requested: \_\_\_\_\_ to \_\_\_\_\_

Number of people involved: \_\_\_\_\_ Event start time: \_\_\_\_\_

Brief explanation of your request: \_\_\_\_\_

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

List any equipment or materials that will be brought onto the church grounds: \_\_\_\_\_

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

Please return forms, fees and other needed information to the Church office at your earliest convenience, as your reservation can only be confirmed upon receipt of the above.

**A deposit of \$200.00 is required and will be refunded if property is left in the original state and clean.**

We agree to comply with the use policies as outlined in the Louisa Baptist Church Policy for Use of Facilities.

\_\_\_\_\_  
Signature (must be same as on Policy for Use of Facilities)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Approval from Property and Use Focus Group

\_\_\_\_\_  
Date

Facilities Fee: \_\_\_\_\_

Insurance certificate needed: \_\_\_\_\_ Rec'd: \_\_\_\_\_

Audio/Visual Attendant Fee: \_\_\_\_\_

Deposit paid: \_\_\_\_\_

Kitchen Attendant Fee: \_\_\_\_\_

Deposit refund request submitted: \_\_\_\_\_

Facility Attendant Fee: \_\_\_\_\_

Total Fees: \_\_\_\_\_ Paid \_\_\_\_\_

## Facility/Attendant Fees

Church Affiliation	Event	Time Limit (hrs)	Sanctuary	Fellowship Hall	309 Annex	Additional Cost Per Hour	Individual Rooms/Hr (8-5 M-F)	Individual Rooms/Hr (off hrs)	Additional Hours Use/Fee	Fees Applied
Church Family	Funeral/Memorial		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0	\$0.00
Church Family	Wedding/Rehearsal*	4	\$50.00	\$50.00	\$0.00	\$0.00	\$0.00	\$0.00	0	
Church Family	Other Events	2	\$0.00	\$0.00	\$0.00	\$25.00	\$0.00	\$0.00		
Non-Member	Wedding/Rehearsal*	4	\$300.00	\$200.00	\$50.00	\$50.00	\$30.00	\$50.00		
Non-Member	Funeral / Memorial	3	\$150.00	\$100.00	\$50.00	\$50.00	\$30.00	\$50.00		
Non-Member	Other Events*	4	\$300.00	\$200.00	\$100.00	\$75.00	\$30.00	\$50.00		
Supported Ministry**	Miscellaneous	4	\$50.00	\$50.00	\$25.00	\$25.00	\$25.00	\$25.00		
Audio/Visual Equipment*	Use Fees ->		\$50.00	0.00	0.00		0.00	0.00		
Audio/Visual Attendant***	Attendant Fee \$25/hr Per attendant									
Kitchen Use*	Use Fee \$100 +					\$25.00				
Kitchen Attendant***	Attendant Fee \$25/hr									
Facility Attendant***	Attendant Fee \$25/hr									
									TOTAL FEES	

\*Reflects only fee involved with facility usage. Additional fees may apply.

\*\*Supported Ministry includes those with line items in our budget unless excluded by Building Use Coordinator.

\*\*\***Attendant must be present to operate audio/visual equipment, instruct use of kitchen and/or assist with facility use.**

Thank you very much for your concern, help and cooperation.

The LBC Building Use Coordinator is: Shirley Collins Phone: 540-872-0294

I have read and agree to all of the requirements of the attached LBC Facilities Use Policy:

Responsible Party (21 years or older): \_\_\_\_\_

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

Valid ID Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Daytime Telephone: \_\_\_\_\_ Evening Telephone: \_\_\_\_\_

Return to: Louisa Baptist Church , P. O. Box 552, Louisa, VA 23093 - 540-967-1364