



CBC MINISTRY EVENTS

Today's Date:

Requestor's Name:

Email Address & Cell phone #:

Type/Title of Event: _____

Dates & Times:

Time Setup Begins:

Time Events Begins: _____ Time Event Ends: _____

Estimated attendance: ____

Details of the Event:

ALL COVID-19 PROTOCOLS IN PLACE AT THE TIME OF THE EVENT MUST BE FOLLOWED.

Requesting the following areas of the church: Please check each area needed:



Sanctuary _____ Boardroom _____ Vestibule _____

Multipurpose Room _____ Classroom D _____ A/V Tech _____

Children's Area _____ Parking Lot _____ Outdoors Grassy Area _____

I hereby agree to all conditions set forth by Corinthian Baptist Church for the use of said facility. I understand that any additional expenses incurred by the church, as a result of the event/program will be the responsibility of the user(s).

I further understand, the Corinthian Baptist Church Staff maintains the right to make any necessary changes, updates and/or decisions as it pertains to this event.

Applicants Signature: _____

Approval _____ Date _____

ONCE APPROVAL HAS BEEN GRANTED NO CHANGES CAN BE MADE TO THE DETAILS OF THE EVENT.

Disapproval _____ Date _____

Stated usage does not meet criteria

Notification will be given to each person after your application has been reviewed