

# Byne Memorial Baptist Church Activity Request Form

2832 Ledo Road ▪ Albany, GA 31707 ▪ Phone: 229.436.5700 ▪ Fax: 229.889.1498

Today's Date \_\_\_\_\_

Church Office use only: Date Booked \_\_\_\_\_ # of Copies Distributed \_\_\_\_\_

Activity / Event Date \_\_\_\_\_

*Activity Requests must be submitted to the Church Office at least three business days prior to the event (excluding Fri., Sat., Sun.) The Church Office is open Monday through Thursday, 8 am to 5 pm. Activity Requests may be submitted to the Church Office or by email to byne@byne.org.*

Activity / Event Title \_\_\_\_\_

Name of Person / Group Requesting Event \_\_\_\_\_

Preferred Phone \_\_\_\_\_ Email \_\_\_\_\_

**Transportation, if required, must be scheduled separately through the Church Receptionists 229.436.5700, Monday through Thursday from 8 am to 5 pm. The Church Office is closed for lunch from 12 to 1 pm.**

## Date Details

Activity Days of Week  Su  M  Tu  W  Th  F  Sa

Is this a recurring event?

Yes  No

Time Details (Please include Set-up and Clean-up if required.)

Weekly

Event Time From \_\_\_\_\_  AM  PM To \_\_\_\_\_  AM  PM

Monthly (Attach list of recurrences.)

Set-up / Clean-up Time From \_\_\_\_\_  AM  PM To \_\_\_\_\_  AM  PM

Annual (Attach list of recurrences.)

Rehearsal Time Required?  Yes Date(s) \_\_\_\_\_  No

Notes: \_\_\_\_\_

## Room(s) Requested

- |   |  |  |   |                                |
|---|--|--|---|--------------------------------|
| <input type="checkbox"/> Chapel         | <input type="checkbox"/> Media Center          | <input type="checkbox"/> Fellowship Hall | <input type="checkbox"/> Blue Gym       | <input type="checkbox"/> Other |
| <input type="checkbox"/> Foyer          | <input type="checkbox"/> Taylor Conf. Room 106 | <input type="checkbox"/> Ledo            | <input type="checkbox"/> Wood Gym       | _____                          |
| <input type="checkbox"/> Room 114       | <input type="checkbox"/> 300's _____           | <input type="checkbox"/> Legacy          | <input type="checkbox"/> Youth Room     | _____                          |
| <input type="checkbox"/> Sanctuary      | <input type="checkbox"/> 600's _____           | <input type="checkbox"/> Liberty         | <input type="checkbox"/> Game Room      | _____                          |
| <input type="checkbox"/> Conf. Room 103 | <input type="checkbox"/> 800's _____           | <input type="checkbox"/> Faith Factory   | <input type="checkbox"/> Ball Field (s) | _____                          |

## Media Services

Sound  Yes  No

Video/PowerPoint  Yes  No

## Equipment Required

- |  |  |
|--|--|
| <input type="checkbox"/> Overhead Projector/Screen | <input type="checkbox"/> Podium/Platform         |
| <input type="checkbox"/> Portable Mic/Speakers     | <input type="checkbox"/> Additional Mics # _____ |
| <input type="checkbox"/> Keyboard/Piano/Organ      | <input type="checkbox"/> Other                   |

## Other Services Required

Security  Yes  No

Janitorial  Yes  No

If no, give the name of the person responsible for opening and closing the facility:

\_\_\_\_\_

Preferred Phone # \_\_\_\_\_

## Food Service

Full Meal  Yes  No

Finger Food / Snacks  Yes  No

Number to be served \_\_\_\_\_

In order to use the kitchen facility, an authorized person must be present. Please give the name of the authorized personnel

\_\_\_\_\_

## Childcare Service

Yes  No

Nursery (Birth - 3 years old)

Preschool (K4-K5)

How many children expected? \_\_\_\_\_

Line Item # to charge \_\_\_\_\_

Note: \_\_\_\_\_

**Room Set-up**

- Standard Sunday School Room Set up # of chairs needed \_\_\_\_\_
- Round Tables # \_\_\_\_\_ # chairs per table \_\_\_\_\_
- 6 ft. Long Tables # \_\_\_\_\_ # chairs per table \_\_\_\_\_
- 8 ft Long Tables # \_\_\_\_\_ # chairs per table \_\_\_\_\_

**NOTE: If submitting Activity Request form online, please scan and email or provide hard copy with diagram of room set-up below.**

**Please draw a diagram of the room set-up, including location of podium and sound equipment, if required:**

**For Calendar Secretary Use Only:**

Fee Required:  Yes  No Amount: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Check / Receipt #: \_\_\_\_\_

Copies Distributed to:

- Maintenance
- Kitchen
- Sound
- Child Care