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# DOUBLE SPRINGS BAPTIST CHURCH

1130 Double Springs Baptist Church Road

Shelby, North Carolina 28150

Phone: 704-434-2258

Fax: 704-434-8276

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## ***FAMILY LIFE CENTER***

*Application for use of facility*

Date of application: \_\_\_\_\_

Responsible Party: \_\_\_\_\_

Organization using facility: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Purpose: \_\_\_\_\_

Date(s) facility to be used: \_\_\_\_\_ Time(s) \_\_\_\_\_

Room(s) Needed: \_\_\_\_\_ Multipurpose \_\_\_\_\_ Kitchen \_\_\_\_\_ Small Dining Room

Number expected: \_\_\_\_\_

Name of Caterer (if applicable) \_\_\_\_\_

Caterer phone: Home \_\_\_\_\_ Work \_\_\_\_\_

I have received and read the "Facility Use Policy". I understand that I will be personally responsible for the care of the facility and equipment during the time(s) my organization/group uses the facility. I also understand that it is my responsibility to clean and secure the facility after each use and return all keys and checklist to the church office within 3 business days after the event.

Signed by Responsible Party: \_\_\_\_\_ Date: \_\_\_\_\_

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### **FOR OFFICE USE:**

\_\_\_\_\_ Approved and scheduled

\_\_\_\_\_ Not approved Reason: \_\_\_\_\_

Standard use fee: \_\_\_\_\_ Amount paid: \_\_\_\_\_ Date: \_\_\_\_\_

Church Representative:  
\_\_\_\_\_

*(Signed original kept in the church office and copy given to Responsible Person upon approval.)*

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## *FAMILY LIFE CENTER SPACE SET-UP FORM*

Date(s) facility to be used: \_\_\_\_\_

Organization using facility: \_\_\_\_\_

Type/Purpose of use: \_\_\_\_\_

Person responsible: \_\_\_\_\_

Time facility will be used: From \_\_\_\_\_ to \_\_\_\_\_

Arrival time for advanced preparation: \_\_\_\_\_

Departure time after clean-up: \_\_\_\_\_

Facilities needed:

\_\_\_\_\_ Kitchen      \_\_\_\_\_ Multipurpose room      \_\_\_\_\_ Small Dining Room

Please indicate the following information for each room that will be used specifying the appropriate room. There are 6 and 8 feet rectangular tables and round tables (60 inches) available. Contact the host/hostess for further information or questions.

\_\_\_\_\_ Rectangular table(s) 6 ft. number?      \_\_\_\_\_ Rectangular table(s) 8 ft. number?

\_\_\_\_\_ Round table(s) number?      \_\_\_\_\_ Chair(s) number?

### **Equipment needed:**

_____ Sound system	_____ Microphone(s) number?	_____ Screen
_____ Video recording	_____ Video projector	_____ TV/VCR
_____ Overhead projector	_____ Slide projector	_____ Podium
_____ Markerboard	_____ Easel	_____ Tape/CD player
_____ Basketball goals up	_____ Basketball goals down	_____ Volleyball set up
_____ other _____		

*\* The public address system, sound equipment including microphones, speaker monitors, television, VCR, and video projection equipment must be coordinated and supervised by the appropriate person.*

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### **Arrangement of facilities:**

Sketch on the back of this form the room arrangement(s) desired. Show locations of tables, chairs, flower arrangements, and other items that will need to be set up by the FLC host/hostess

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

# **BUILDING USE CHECK LIST**

RESPONSIBLE PERSON: \_\_\_\_\_

DATE: \_\_\_\_\_

## **BEFORE YOU LEAVE:**

MULTIPURPOSE ROOM, SMALL DINING ROOM, KITCHEN

- \_\_\_\_\_ 1. Stack chairs and put tables back on table dollies.
- \_\_\_\_\_ 2. Vacuum the carpet after use and report soiled areas.
- \_\_\_\_\_ 3. Clean bathrooms. Make sure all toilets are flushed and not running, all lights are off and all trash is picked up.
- \_\_\_\_\_ 4. Sweep the floors and mop if needed.
- \_\_\_\_\_ 5. Sweep the mats at the entrance doors.
- \_\_\_\_\_ 6. Wash handprints from the glass doors.
- \_\_\_\_\_ 7. Take out garbage and put new trash bags in cans. Dumpster is located outside.
- \_\_\_\_\_ 8. Leave the kitchen neat and clean with all dishes washed and everything put away. Dirty dishcloths should be hung on the side of sink until dry.
- \_\_\_\_\_ 9. Turn off all lights including bathroom fans and lights. (Several lights in the hallways and lobby are designed to stay on all the time.) Make sure doors close and securely lock.
- \_\_\_\_\_ 10. Turn in keys and checklist to FLC host/hostess.