BUILDING USAGE REQUEST

University Baptist Church 3200 West Arlington Loop - Hattiesburg, MS 39401 Phone: 264-6908

Your Name or O	rganization:	
Phone: (1)	(2)	E - mail:
Date of Request	<u>;</u>	t .
Type of Event: _		
Date(s) of Event	:	_ Time(s):
This request is from a :	□ Church Group or Member	☐ Non Church Related Group or Individual
	eeded. Fees quoted are for 4 RE TO READ THE BUILDING	I-hour time slots. If more time is needed, fees will USAGE POLICY
□ Ci	nurch Class or Organization nurch Member – \$125.00 (inc	
□ CI	nurch Class or Organization hurch Member – \$150.00 (inc	
□ C I		 No Fee erer must be approved by the associate minister.) \$175.00 (Caterer must be approved by the
□ C	• • •	 No Fee oropane or heating apparatus allowed) \$75.00 (No propane or heating apparatus allowed)
to 40 in : □ C □ C	theater style, or a group of 1. hurch Class or Organization hurch Member – \$50.00 (No _l	
□ C □ C □ N	hurch Class or Organization hurch Member – \$15.00 (No	propane or heating apparatus allowed) - \$25.00 (No propane or heating apparatus allowed)
	– Please co	omplete back –

Will the kitchen be used?			
If using other rooms, will food be served? If so, what foods:			
Who will cater the event?			
Caterer's Phone:			
Will additional equipment/ services be needed? (Additional charges may be required.)			
Tables (quantity): Chairs (quantity):			
Sound System: Number	Microphones:		
Other			
 By signing this application the person whose signature appears below signifies that they have: Read the Building Usage policy of University Baptist Church. Understands that a deposit of 50% of the required fees must be paid with the application. NO events will be scheduled until deposits are received with a completed form. Church events and activities take priority over any other events. The staff will seek to make sure that there are no conflicts scheduled within 30 days of the event. Exceptions may be funerals for church members. Refunds of the deposit will only occur under the following conditions: Full deposit will be refunded if notice is received in writing by the associate minister 30 days prior to the scheduled event. 50% of the deposit will be refunded if notice in writing is received by the associate minister 15 days prior to the scheduled event. If events are canceled after 15 days prior to an event, no deposit is refunded. 			
Signature of Applicant:			
Date:			
FOR CHURCH OFFICE USE ONLY			
☐ Facility Available	☐ Application Approved		
☐ Facility NOT Available	☐ Application NOT Approved		
Signature church representative:	Total Due For Request \$00 Deposit Paid For Request \$00		
Date:/	Date:		
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