**MT. TABOR FIRST BAPTIST CHURCH**

**4909 St. Johns Avenue - Palatka, FL 32177**

**REQUEST FOR USE OF SANCTUARY**

**FUNERAL**

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

Facility requested by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Funeral of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Facility Open time: \_\_\_\_\_\_\_\_\_\_\_ Start Time: \_\_\_\_\_\_\_\_\_\_\_A.M./P.M. End Time: \_\_\_\_\_\_\_\_\_\_\_\_A.M./P.M.

Board of Trustees of Mt. Tabor First I understand and agree that I am fully responsible for this facility during this activity and hereby assume all liability and responsibility for any and/or all damage incurred. I will make no alterations to any part of the facility. The Chairman of the Trustees or other Authorized Church Official will approve use of facility in accordance with the rules and regulations of the Mt. Tabor First Baptist Church, Inc. The Trustee Chairman and the Pastor shall exercise final authority on any agreement for use of facilities subject to the procedures of the Baptist Church. I also understand that there are extra charges for any additional use of facilities beyond the time specified.

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

Signature of Responsible Individual

Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Church Official

Authorized: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pastor/Trustee Chairman

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*Use of Facilities (Sanctuary)\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

**\*\*CHARGES\*\***

**The following charges must be paid on day of request or five (5) working days before day of scheduled use to: Mt. Tabor First Baptist Church.**

**Type #1:** No mandatory fees required however members are encouraged to make a memorial contribution to the building fund to honor their loved one.

**Type #2, Type #3 and Type#4:**

**Sanctuary** (Includes the opening and closing of sanctuary by the audio technician and janitorial services)

**Total Cost**…………………………………………………………………………………………….. **$275.00**

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Other purposes or areas: Amount determined on individual basis. Insurance may be required in some cases.

For office only: Fee applicable? Yes or No: If yes: Amount $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type #1 Active Tithing Member*(For Memo Only)*

Type # 2 Requestor: Non-tithing Member/Inactive Member

Type # 3 Requestor: Non-Member

Type #4 Requestor: Other Church/Non-profit Organization

Revised (10/09)