

# Good Shepherd Missionary Baptist Church of L.A. Facilities Application

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

1. Name of Organization: \_\_\_\_\_
2. Contact Person: \_\_\_\_\_
3. Contact Email: \_\_\_\_\_
4. Address: \_\_\_\_\_
5. Telephone: \_\_\_\_\_
6. Website: \_\_\_\_\_
7. Requested Dates/Times:

DATE	START TIME	END TIME	FACILITY	PURPOSE

8. Available Facility Areas: (Check all that apply)

Sanctuary   
  Fellowship Hall   
  Kitchen   
  Figueroa Parking Lot

9. Describe the intended event/program: *Please attach flyer, a list of activities, or itinerary*

10. Will food be served at the event?    Yes    No

If Yes, who will prepare/serve the food? \_\_\_\_\_

11. Expected Attendance: \_\_\_\_\_

12. Admission Donation: \_\_\_\_\_

13. Parking Lot Donation: \_\_\_\_\_

14. Equipment Request:

AUDIO/VISUAL	TABLES	CHAIRS	OTHER

15. Does your organization maintain Liability Insurance?    Yes    No

Signature \_\_\_\_\_

**FOR OFFICE USE ONLY**

Approved     Not Approved

I.D. Verification

Comments:

\_\_\_\_\_ Chairperson, Board of Deacons  
 \_\_\_\_\_ Chairperson, Board of Trustees

Donation Amount: \_\_\_\_\_

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