

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 (\$750 donation)
 Figueroa Parking Lot (\$150 deposit)
 Fellowship Hall/Kitchen (\$250 donation) *(Additional \$250 fully refundable cash deposit required – returned upon verified cleaning)*

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: _____