



First Baptist Church of Anacortes
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FACILITY USE APPLICATION

Date(s) of Function _____ **Start Time** _____ **Ending Time** _____

Previous day needed for setup YES **Start Time** _____ **Ending Time** _____

Purpose or Nature of Event _____

User/Organization Name _____ **Phone** _____

Address: _____ **Email** _____

Representative/Contact Person _____ **Phone** _____

Cell Phone _____ **Expected Attendance** _____ **Will food be served?** YES NO

If YES – By Whom: _____ **Phone** _____

Requested Rooms

- Sanctuary Fellowship Hall Great Room Foyer Coffee Cafe Other _____
- Dixon Youth Room Kitchen* *Food Handlers Permits and Kitchen Supervisor required

Primary Equipment
 (Fees per “Facility Use Policies and Fees” Document)

<input type="checkbox"/> 5’ Tables - round w/chairs #	<input type="checkbox"/> **Sound/Video setup	<input type="checkbox"/> Piano
<input type="checkbox"/> Chairs Padded # Folding #	<input type="checkbox"/> Stage	<input type="checkbox"/> Easel
<input type="checkbox"/> 6’ Long tables #	<input type="checkbox"/> LCD projector & screen	<input type="checkbox"/> White Board
<input type="checkbox"/> 8’ Long tables #	<input type="checkbox"/> Standing screen	<input type="checkbox"/> Water Pitchers
<input type="checkbox"/> Buffet tables #	<input type="checkbox"/> Wireless microphones #	<input type="checkbox"/>
<input type="checkbox"/> Coffee/Tea table setup	<input type="checkbox"/> Wired microphones #	<input type="checkbox"/>
<input type="checkbox"/> Place settings	<input type="checkbox"/> Podium w/microphone	<input type="checkbox"/>

Other _____

**Can only be staffed or operated by FBC qualified personnel, subject to personnel availability.

Deposit Attached: \$ _____ **Estimated Total Fees per Attached Worksheet:** \$ _____

Proof of Liability Insurance Attached: Yes _____ No _____ N/A _____

User/Organization Representative: _____

Signature _____ **Printed Name** _____ **Date:** _____

Submission of this form does not guarantee approval of event submitted;
applications will be evaluated and approved on a case by case basis.

For Church Use Only

Event Application: Date Received _____ **Event Approved: Y/N Denied: Y/N Calendar Updated: Y/N**

Reason Denied _____

Requesting Party Notified of Decision: Date _____ **Initials** _____

Damage Deposit Collected: \$ _____ **Date** _____ **Initials** _____

Proof of Liability Insurance Received: Date _____ **Initials** _____

Signed Facility Use Policies and Fees Received: Date _____ **Initials** _____

Signed Facility Use Agreement Received: Date _____ **Initials** _____

Signed Facility Clean-up/Check-out Agreement Received: Date _____ **Initials** _____

Facility Usage Fees Collected: \$ _____ **Date** _____ **Initials** _____

Church Member/Regular Attendee Event: Name _____

Ministry Leader Approval: Name _____

Event Canceled: Date _____ **Calendar Updated** _____ **Initials** _____

Fees Returned: \$ _____ **Date** _____ **Initials** _____

NOTES:

WORKSHEET OF ESTIMATED FEES (Adjust for Members)

ROOMS	EST. COST
Great Room	
Coffee Café w/Patio:	
Fellowship Hall w/attached kitchen	
Foyer	
Dixon Youth Room	
Sanctuary	
Nursery	
Kitchen: Supervisor Required**	
Other Rooms	
SUB-TOTAL	\$
Multiple room 10% Discount. Subtotal x 10%=	\$ (-)
TOTAL FOR ROOM USAGE	\$

ITEM	USE FEE EACH	#	EST. COST
Tablecloths – Plastic disposable Color(s) requested:	\$2		
Place settings w/silverware	\$1		
Podium with microphone	\$25		
Wired/wireless microphones	\$10		
Portable LCD Projector with Screen	\$75		
Standing Projection Screen (50"x50')	\$10		
Piano	\$25		
Coffee, sugar, cream, etc. (Fidalgo Bay coffee)	\$.50/Cup drip		
Previous day set-up facility use fees	\$25/hr. to max. of \$150		
Other:			
SUB-TOTAL			
Sound/Video System** ⁽¹⁾	Flat Fee \$150		
Facility Representative**	\$25/hr with 2 hr min.		
Custodial Fee**	\$25/hr with 2 hr min.		
Kitchen Supervisor Fee**	\$25/hr with 2 hr min.		
Security Fee	\$25/hr with 2 hr min.		
General Event Labor	\$20/hr with 2 hr min.		
Wedding Coordinator (10 hrs.)**	\$200 + \$25/hr over 10 hrs.		
Other:			
SUB-TOTAL			
GRAND TOTAL "ESTIMATED" USAGE FEES			\$

⁽¹⁾Sound/Video System includes setup of wired microphones, wireless microphone, monitors and video
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NOTES: