



BUILDING USE AND CALENDAR REQUEST FORM

Please provide a sketch of any setup needs you may have for your event. Please be as detailed as possible in order for us to best facilitate your needs

Large empty rectangular box for sketching setup needs.

MEDIA TECHNICIAN & EQUIPMENT*

Microphones (Number Required)

- Corded Microphones
Wireless Handheld
Belt Pak with Headset
Instrument Microphones

Media Types

- DVD Presentation
PowerPoint Presentation
Laptop Presentation
Music CDs
mp3 Player

Media Technician Fee: \$15 per hour per technician.** Hourly rate includes setup and media processing. (Media Technician Fees May Be Waived at the discretion of FBC Justin)

- Special Needs
Portable Media Cart (Projector, DVD Player, Sound, Cables Required)
Portable Presentation Screen
Portable Sound Cart (Mixer, 2 PA Speakers, Stands)
Monitors

If your event requires setup of the Worship Center stage or Student Worship Center stage, please include a detailed diagram in the above portion of this form or on a separate piece of paper.

*Additional Fees may be added to some equipment for off-site events for non-ministry events.
**Number of media technicians required is at the sole discretion of FBC Justin Media Productions.



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FACILITIES NEEDED (Please check all that apply)

CHURCH	STUDENT	CHILDREN	SR. ADULT
<input type="checkbox"/> Worship Center	<input type="checkbox"/> Worship Center	<input type="checkbox"/> Gym	<input type="checkbox"/> Assembly Room
<input type="checkbox"/> Foyer	<input type="checkbox"/> Kitchen	<input type="checkbox"/> South Playground	<input type="checkbox"/> Classrooms
<input type="checkbox"/> Kitchen	<input type="checkbox"/> A-V Equipment	<input type="checkbox"/> West Playground	<input type="checkbox"/> Specify #s _____
<input type="checkbox"/> Choir Room	<input type="checkbox"/> Mezzanine	<input type="checkbox"/> A-V Equipment	
<input type="checkbox"/> Conference Room	<input type="checkbox"/> Classrooms	<input type="checkbox"/> Classrooms	
<input type="checkbox"/> The Commons	<input type="checkbox"/> Specify #s _____	<input type="checkbox"/> Specify #s _____	
<input type="checkbox"/> Work Room			
<input type="checkbox"/> A-V Equipment			
		NURSERY	UPSTAIRS
		<input type="checkbox"/> Nursery Cry Room	<input type="checkbox"/> Classrooms
		<input type="checkbox"/> Classrooms	<input type="checkbox"/> Specify #s _____
		<input type="checkbox"/> Specify #s _____	

_____ I understand that in the use of either kitchen, I am responsible to bring anything necessary for my event, and that I am responsible to leave the kitchen in the condition it was in prior to my event.

_____ I understand that the balance in full is due the week preceding my event. It is due prior to the day of the event, not the day of the event. In the event of non-payment prior to the event, I will forfeit my deposit in full.

_____ I understand that in the event of damages to the facilities or property of FBC Justin during the course of my event that my deposit will be used to pay for repairs. I am responsible in full for any damage or replacement expense beyond the amount of my deposit.

_____ I understand that the use of areas not approved for my event will result in the loss of my deposit.

_____ I understand that the assessment of cleanliness and damages for the purpose of the return of fees and deposits is at the sole discretion of FBC Justin.

_____ I understand that no furniture is to be moved without the prior approval of my assigned liaison.

_____ I agree to the following fees, as assessed by FBC Justin.

Deposit (Required)	_____
Media Fees	_____
Cleaning Fees	_____
Room Usage Fees	_____
TOTAL	_____

Signature Printed Name Date

fbc justin

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