Freedom Biker Church Fayetteville Facilities Reservation Form

Responsible Party's Name:____ **Today's Date:**________________

Address:____

City:____**State:**_________ **Zip:**_________________

Phone: (Day)______________________________________ **(Evening):** ____

2nd Phone: (Day)___________________________________ **(Evening):** ____

Email:____ **Email 2:**____

****Please provide adequate contact information. FBCF will not be responsible if the information provided is not accurate.***

Reservation Information: Type of event/activity and purpose of event/activity: (Please be specific.) Wedding, please see Wedding Pol-icy requirements before submitting this form. Funeral, please see Funeral requirements. (Use reverse of form if more room is required.)

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Date Needed: ______________________________

(Please check the available facility use dates at www.freedombikerchurchfayetteville.com.)

Time Church Needs to be unlocked for preparations, etc: ______________________________ am/pm

Actual Event Time: Beginning Time: __________________ am/pm - Ending Time: _________________ am/pm

Time Church will need to be closed and locked after clean up, etc.:___________________________ am/pm

Check the facility/building(s) you wish to use:

Main Sanctuary: _________

Mobile Unit 1: _________ Mobile Unit 2: _________ Mobile Unit 3:_________

Prayer Garden: _________

Other: _________ Explain: ____

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I have read, agree with and affirm FBCF Facility/Building Use Policy. I agree to take full responsibility and liabil-ity for the facility and property at time of use. I agree to the requirements as outlined in the FBCF Facility/Building use policy and procedures.

Name: ____ (please print)

Signature: ____

Reservation form must be submitted to Church Office a minimum of 30 days prior to the event. You will be con-tacted in 3 - 5 business days regarding approval of event/activity.

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CHURCH OFFICE ONLY:

Received by: _________________________________ Approved (Yes ___) (No ___) by: ______________________________________

If not approved, please state on the reverse of form the reason for non- approval.

Security Deposit of $200.00 Paid: (Yes ___) (No ___) Check Number: _______

Additional Fees: (Yes ___) (No ___) Fees Refunded: (Yes ___) (No ___) If not why? (Use reverse of form and explain why?)