

We are pleased to make the church building available for our church members, in coordination with our regular ministry activities. Please complete this form so that the Deacon Board may review the suitability of your request. Upon completion, please return to the church office or attach by email and send to: ebchurchoffice@gmail.com

CLAYTON BAPTIST CHURCH  
110 S. Delsea Drive • CLAYTON, NJ 08312  
856.881.5454 • www.claytonbaptist.com

**CALENDAR/FACILITIES RESERVATION FORM**  
**(Submit at least 2 weeks in advance)**

Today's Date: \_\_\_\_\_

Date of Activity: \_\_\_\_\_ to \_\_\_\_\_

Time of Activity: \_\_\_\_\_ to \_\_\_\_\_

Church Member Contact Person: \_\_\_\_\_

Activity Planned by: \_\_\_\_\_

(Individual/Group)

Type of Activity Planned: \_\_\_\_\_

(Party, reception, meeting, etc.)

Purpose of Activity: \_\_\_\_\_

Number of People Expected: \_\_\_\_\_

**Facilities Requested:**

1. Kitchen \_\_\_\_\_

2. Gym \_\_\_\_\_

3. Fellowship Hall \_\_\_\_\_

4. Chapel \_\_\_\_\_

\*Use of Chapel audio/visual equipment is separate and detailed below

5. Auditorium/Sanctuary \_\_\_\_\_

6. Classroom(s) \_\_\_\_\_ Specify: \_\_\_\_\_

7. Nursery \_\_\_\_\_

8. Library \_\_\_\_\_

**Equipment Needed:**

1. Sound Rm. Equip. \_\_\_\_\_ Specify: \_\_\_\_\_

2. Microphones \_\_\_\_\_ Specify: \_\_\_\_\_

3. Video Projector \_\_\_\_\_ Specify: \_\_\_\_\_

4. Portable PA System \_\_\_\_\_ Specify: \_\_\_\_\_

5. Screen (Portable) \_\_\_\_\_

6. Easels/Blackboards \_\_\_\_\_ Specify: \_\_\_\_\_

7. Overhead Projector \_\_\_\_\_

8. Musical Equipment \_\_\_\_\_ Specify: \_\_\_\_\_

9. Chairs \_\_\_\_\_ How Many ? : \_\_\_\_\_

10. Tables \_\_\_\_\_ How Many ? : \_\_\_\_\_

11. Gym Equipment \_\_\_\_\_ Specify: \_\_\_\_\_

\*The use of Audio/Visual equipment requires the assistance of an approved Clayton Baptist Technician. In some cases, there is a fee associated with the service rendered. See Fee Schedule on back.

If **kitchen assistance** is needed, please specify: \_\_\_\_\_  
\_\_\_\_\_

If **transportation** by church bus/van is needed, please specify:

Destination: \_\_\_\_\_

Time of departure from church: \_\_\_\_\_

Approximate arrival back to church: \_\_\_\_\_

Approximate number of passengers: \_\_\_\_\_

Driver: \_\_\_\_\_  
\_\_\_\_\_

Request submitted by:

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Approved by: \_\_\_\_\_

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

\*Please remember that all rooms must be clean and put back in order, (including turning off lights, heaters, air conditioners, etc.) and all equipment used be returned to its proper place. Please take all trash to the dumpster.

\*\*Please attach schedule or agenda to this form.