

File: \_\_\_\_\_

# NON-CCC MINISTRIES FACILITY REQUEST (TO BE SUBMITTED A MINIMUM OF 2 WEEKS IN ADVANCE)

Date Request Submitted \_\_\_\_\_ Date of Event \_\_\_\_\_

Day of Event (circle one) Monday Tuesday Wed Thurs Friday Saturday Sunday

Person Making Request \_\_\_\_\_

Group Name \_\_\_\_\_ Contact Person \_\_\_\_\_

Telephone \_\_\_\_\_ E-Mail \_\_\_\_\_

Type of Event \_\_\_\_\_

(If this is a wedding, please complete the "Facility Request for Weddings" form.)

Beginning Time (including set-up) \_\_\_\_\_ Ending Time (including clean-up) \_\_\_\_\_

Actual Time of Event \_\_\_\_\_ a.m. p.m.

Projected Number of People Attending \_\_\_\_\_

Specific Room(s) Requested \_\_\_\_\_

**(If you are requesting rooms for childcare, please refer to CCC's Childcare policy. A copy is available in the church office. Approval for childcare providers must be obtained by the Early Childhood Ministry Director.)**

Requested Equipment Needs (list the number needed for each):

\_\_\_\_\_ Tables \_\_\_\_\_ Chairs \_\_\_\_\_ TV/VCR \_\_\_\_\_ Overhead Projector

Sound Technician/Microphones: \_\_\_\_\_ Requested \_\_\_\_\_ Not Needed

Only CCC-trained technicians may operate the soundboard, computer equipment, and microphones. Availability of a CCC technician will determine use of the equipment and room.

**Fees for non-ministry events:** \$10 per hour room fee with a minimum fee of \$20 per day and a maximum fee of \$50 per day for classroom use. There will be a standard fee of \$50 per day to use the Worship Center. Sound technicians will require an additional hourly fee of \$10 per hour. All fees are to be paid at the CCC main office no later than 24 hours prior to the event.

I agree to abide by the CCC Facilities Guidelines and payment of the determined usage fees.

Signature \_\_\_\_\_ Date \_\_\_\_\_

*FOR OFFICE USE ONLY:*

Route to:

\_\_\_Chuck \_\_\_Rodney \_\_\_Luke  
\_\_\_Scott \_\_\_Jill \_\_\_Dorelle  
\_\_\_Emily \_\_\_George \_\_\_Chris

Request is: \_\_\_Approved \_\_\_Denied

Room(s) assigned \_\_\_\_\_

Requestor notified (date) \_\_\_\_\_  
\_\_\_phone \_\_\_e-mail \_\_\_in person

Total fees due \$ \_\_\_\_\_

by (staff name) \_\_\_\_\_

Date fees collected \_\_\_\_\_