

# Mount Sinai Missionary Baptist Church

## Facility Request Form

Thank you for your interest in having your upcoming event at the MSMBC Facility. Please complete the following information and we will be happy to check your date and get back to you within five (5) business days as to whether your request has been approved or denied. If approved, we will let you know what the next appropriate steps will be.

Name: \_\_\_\_\_ Date of Request: \_\_\_\_\_

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

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

Are you a member of MSMBC? Yes No

~~~~~

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

Event Start Time: \_\_\_\_\_ Event End Time: \_\_\_\_\_  
(Set up will be two (2) hours prior to your start time)

### What space will you need?

Sanctuary Kitchen Multi-Purpose room Fellowship Hall

### Description of Event:

# Of People: \_\_\_\_\_ Food/Beverage required: Yes No

Caterer contact Information: \_\_\_\_\_

Will you need to prepare food in the kitchen? Yes No

Is there a registration fee with your event? Yes No

If yes, how much: \_\_\_\_\_ / \_\_\_\_\_

\*\*\*\*\***For Administrative Purposes**\*\*\*\*\*

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Approved Declined Date: \_\_\_\_\_

Remarks: \_\_\_\_\_