

MOUNT GILEAD MISSIONARY BAPTIST CHURCH
APPLICATION FOR MEMBER SERVICE(S) AND ROOM RESERVATIONS

One Time Use _____

Recurring _____

This application is for the attention of.

- PHOTOGRAPHY MINISTRY
- AUDIO VISUAL TECHNOLOGY MINISTRY
- USE OF CONFERENCE ROOM or CLASSROOM

All applications must be submitted at least two (2) weeks prior to the event.

Today's Date _____

Ministry _____ POC _____

Telephone: Home _____ Work _____ Cell _____

Date(s) Requested _____ Approx. # Persons _____

Reason _____

Time(s): From _____ To _____

Do not write below this line. Please submit application to Deacon Ernest House and Approval/Disapproval will be placed in the Ministry's Mailbox.

To: _____

From: photography Audio Visual Facility Manager

Date(s) of Event: _____ Time(s): _____

Approved _____ *Disapproved _____

*Reason for disapproval _____ Room Assignment _____

Authorized Signature _____ Date _____

Authorized Signature _____ Date _____

Authorized Signature _____ Date _____

Rev. 2/05

NOTE: ROOM ASSIGNMENTS MAY CHANGE BASED ON SPACE AND NUMBER OF PERSONS.