

Date of Request: _____

Facility/Media Request Application (REV 12/06)

Old Fort Baptist Church

10505 Dorchester Road – Summerville, South Carolina 29485
(843) 873-2283

Purpose of use: _____

Contact Name: _____

Contact Numbers: Home: _____ Cell: _____ Work: _____

Contact Email Address: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Date of Use: _____ Time Begin/End: _____

Setup Time Begin: _____ Setup Time End: _____

Facility Requested: (Check all that apply) Worship Center Ministries Center Gym

Assistance Requested: Sound IMAG Other _____

Materials Requested: (Check all that apply) Tables: Round # _____ 8' Rectangle # _____

Chairs: # _____ Table Cloths Other _____

Special Requests: _____

Contact's Signature: _____ Date: _____

IMPORTANT NOTE: The **non-refundable deposit must be paid before dates will be secured on the church calendar. ALL FEES MUST BE PAID IN FULL TWO (2) WEEKS PRIOR TO THE EVENT.** The contact person is responsible for agreement to all conditions set forth for use of the facilities/equipment. The sound/media technician will be assigned by the Director of Media Ministries.

FEE SCHEDULE

ITEM	MEMBER	NON-MEMBER	Paid
Non-Refundable Deposit	No Charge	\$50.00	
Minister	Honorarium	\$200.00	
Sound Tech. (per building)	\$50.00	\$50.00	
Media Tech. (per building)	\$50.00	\$50.00	
Organist or Pianist	\$100.00	\$100.00	
Custodian (per building)	\$100.00	\$100.00	
Worship Center (Sanctuary)	No Charge	\$400.00	
Ministries Center or Gym	No Charge	\$100.00	

DISTRIBUTION

For Office Use Only
<input type="checkbox"/> Financial Secretary
<input type="checkbox"/> Church Calendar
<input type="checkbox"/> Media Director
<input type="checkbox"/> Maintenance
<input type="checkbox"/> Custodian
<input type="checkbox"/> Other _____