



Use of Facilities Request Form

This form must be completed and submitted for review and approval before any individual or organization, which is not affiliated with Mount Zion, will be allowed use of the facilities.

GENERAL INFORMATION

A. Name of Requesting Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Contact Person: _____ Position in Organization: _____

Address (if different from above): _____

Phone (if different from above): _____

B. Purpose of Organization: _____

Primary Activity in which the Organization is engaged: _____

C. Is this Organization organized or operated for profit? Yes _____ No _____

D. Is the Organization a Non-Profit Religious Organization engaged in exempt activities?
Yes _____ No _____

If yes, please attach a copy of your IRS determination (exemption) letter with this questionnaire. If an IRS determination letter is unavailable, please furnish us a copy of your Articles of Incorporation, Organization Brochures, Letter of Recommendation or other source of information disclosing your religious purposes or orientation.

E. Have you made contact with any local non-exempt facilities (i.e. convention center, etc.)?
Yes _____ No _____

Reason(s) non-exempt facilities are not appropriate for your proposed activity:

EVENT INFORMATION

A. What is the purpose and/or nature of the proposed activity your organization intends to sponsor in/on our facilities? Please describe the proposed activity in detail and/or furnish us a copy of the program outline.

B. Date(s) Requested _____ Time(s) Requested _____

C. How will event participants' entry be controlled? Check all that apply.

- Pre-sold tickets
- Admission fee at door
- Open (free) admission to all
- Pre-registration members and/or guests

D. Will there be a financial charge to attendees? Yes _____ No _____

How much will it be? _____

E. Will anything be sold or distributed in association with the event? Yes _____ No _____

If yes, describe:

F. How many people are expected to attend event? _____

G. What portion of our facilities will be utilized in conjunction with this event? (Please specify on a room-by-room basis)

H. Which of the following listed manpower needs would you expect our ministry to provide?

- Parking Attendants
- Ticket Takers
- Ushers
- Registration Personnel
- Other (Describe) _____

I. Special Set-Up Requirements – Please describe below in detail any proposed set-up needs by time of need and number of items.

J. Technical Services – Please describe below in detail, sound, lighting, staging, musical, audiovisual and any other services, which will require assistance by our Technical Services staff.

CONCULDING INFORMATION

This form will be reviewed and you will be contacted by phone or email. If you have any additional questions, please feel free to call us at (336) 273-7930.

Please return this completed form and appropriate attachments to:

Facilities Request
Mount Zion Baptist Church of Greensboro, Inc.
1301 Alamance Church Road
Greensboro, NC 27406
By Fax: (336) 373-4224

Please feel free to furnish any additional information or explanations, which you feel, would be helpful in evaluating your request.

Signature of Requesting Organization Representative _____ Date _____

FOR INTERNAL USE ONLY

Request: Approved _____ Denied _____

By: _____ Date _____

Signature _____

Comments Regarding Decision

Date follow-up letter sent to requesting organization _____