

Greater White Stone Missionary Baptist Church

917 S. Wellington St

Phone: (901) 774-3564

Fax: (901) 946-0514

Email: contact@gwsmbc.org

FACILITY RESERVATION FORM

Ministry/Organization: _____

Contact Person: _____ Phone: _____

Advisor: _____ Staff/Leader to be Present: _____

Facility requested: () Room _____ () Sanctuary () Jelks Fellowship Hall
() Young People's Department () Children's Department

Date: _____ Time: From: _____ To: _____

Purpose: _____

Set-Up/Decoration

Dates and Times: _____

Special requirements for set up, tables, media, etc. please put on reverse side.

Number of people expected to be in attendance: _____

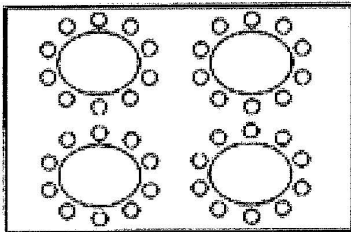
Will you need to use the kitchen: () Yes () No

If yes, please list the items/equipment that you will need.

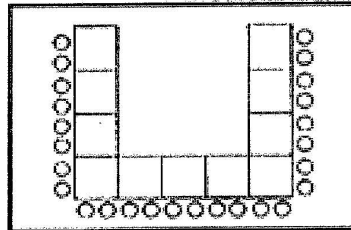
Name of person/ persons in charge of clean up:

Comments:

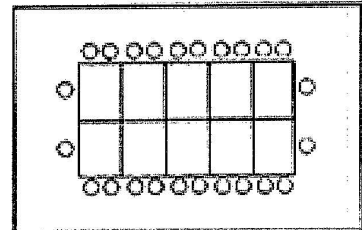
Draw a diagram of requested setup:



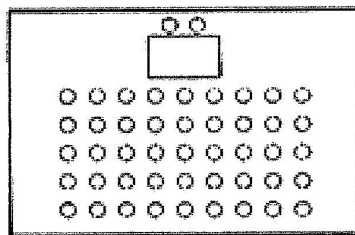
Banquet Style



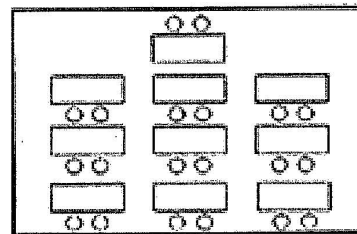
U-Shape Style



Conference Style



Theatre Style



Classroom Style

Requested by: _____ Date: _____

Church Office Staff: _____ Date: _____

IT IS RECOMMENDED THAT YOU CHECK WITH MAINTENANCE 24 HOURS BEFORE YOUR MEETING/ACTIVITY TO MAKE SURE YOUR SET UP IS DONE.