FACILITIES USAGE REQUEST FORM

Immanuel Baptist Church of Fayetteville, NC

Access
Access to IBC buildings must be coordinated at least 48 hours prior to usage. Access can be coordinated by calling (910) 484-1257 or emailing admin@ibcnc.org.

Individual, Group, or Organization Requesting Facility Usage

Name: _____

Name of Group: _____

Name of Organization: _____

If Group or Organization, Name of Point of Contact: _____

Phone Number: _____ Alternate Number: _____

Email: _____

Purpose / Type of Function

_____

_____

Preference	**Date Requested**	**Start Time**	**End Time**
First Choice (Required)			
Second Choice (Required)			
Third Choice			

Please provide at least two preferred dates and times for your requested event. Including alternate dates helps us accommodate scheduling conflicts. The hours requested should include setup and cleanup time.

Areas Requested to be Used

Christian Life Center (CLC)

☐ Fellowship Hall ☐ Kitchen ☐ Downstairs Classrooms
☐ Upstairs Classrooms

Worship Building

☐ Sanctuary ☐ Baptistry ☐ Downstairs Classrooms

Outdoor Areas

☐ Pavilion ☐ Gazebo ☐ Grounds

Items to be Used

Christian Life Center (CLC)

☐ Tables - # _____ ☐ Freezer ☐ Refrigerator
☐ Chairs - # _____ ☐ Stove ☐ Projector

Worship Building

☐ Piano ☐ Sound System ☐ Projection System

Responsible Party

Unless otherwise agreed, the **Requesting Individual(s)** is responsible for ensuring that the following requirements are completed or observed:

- All spaces used must be returned to their **original condition**.
- All decorations must be **removed after the event**.
- All trash from areas used must be **disposed of, and trash bags replaced**.
- All flat table and counter surfaces must be **wiped down and disinfected**.
- Any dishes or flatware used must be **washed, dried, and returned to their original location**.
- Any carpeted areas used must be **vacuumed**.
- Any areas with linoleum, tile, or vinyl flooring must be **swept and mopped**.
- No food or drinks may be left in refrigerators or freezers. Any remaining food or drinks must be **removed by the Point of Contact or a member of the event party, or properly disposed of**.
- All lights must be **turned off before leaving the facility**.

- Use of the sound system and/or projection system in the Worship Building requires the presence of a member of the **IBC Audio/Visual Team**. Arrangements must be made **at least one week prior to the event**.

- Any damage must be **reported within 24 hours** of the event.
- Reimbursement to IBC for damages will be based on the **estimated repair cost provided by a qualified contractor**.

- **Smoking, vaping, tobacco use, alcohol, and illegal drugs are prohibited anywhere on IBC property.**

Failure to follow these requirements may result in additional cleaning fees, repair charges, or denial of future facility use.

IBC FACILITIES USAGE CLEANUP CHECKLIST

Event Name: _____

Date of Event: _____

Facility/Room(s) Used: _____

Facility Reset

☐ All spaces used have been returned to their **original condition**
☐ All decorations have been **removed**
☐ All tables, chairs, and equipment have been **returned to their original location**

Cleaning

☐ Trash has been **collected, removed, and bags replaced**
☐ Tables and counters have been **wiped down and disinfected**
☐ Dishes and flatware have been **washed, dried, and returned to their proper location**
☐ Carpeted areas used have been **vacuumed**
☐ Linoleum, tile, or vinyl floors have been **swept and mopped**

Kitchen / Food Areas

☐ No food or beverages have been left in **refrigerators or freezers**
☐ All remaining food has been **taken by the event party or properly disposed of**

Building Security

☐ All **lights have been turned off**
☐ All **doors have been secured/locked as instructed**

Damage Reporting

☐ Any damage has been **reported within 24 hours**

Acknowledgment

I acknowledge that I am responsible for ensuring these requirements are completed. I understand that failure to comply may result in additional cleaning fees, repair costs, or denial of future facility use.

Point of Contact Signature: _____

Date: _____