



Bethlehem #1 Missionary Baptist Church
Sandridge Community, P.O. Box 1340 Conway, SC 29528
843)397-1356 Pastor's Study • (843)397-2703 Church Office

Reverend Sonny Bridges, ThD
Senior Pastor

Request for Use of Church Facilities

For Non-Members

I, _____ understand that I am solely responsible for the rental of Bethlehem #1 Missionary Baptist Church Facilities, and any damages or personal injuries incurred during the time the facilities is in my possession. I understand that I am renting the facilities for a maximum of fifteen (15) hours.

I understand that I must be twenty-one (21) years of age to rent the church facilities, and any guest under the age of twenty-one (21) will be under my complete supervision. I take sole responsibility for these guest and their actions.

I understand if entry to the facilities are needed earlier than the time I have scheduled, I will be responsible for renting the church facilities for an extra day. No one will be allowed to enter the facilities until the scheduled rental day.

The Fellowship Hall rental fee is: Two Hundred Seventy Five Dollars (\$275.00). The Sanctuary rental fee is: Three Hundred Seventy Five Dollars (\$375.00). Janitorial Service is: One Hundred Twenty Five Dollars (\$125.00). Audio/Visual Service is: One Hundred Twenty Five Dollars (125.00). I am responsible for paying this within 24 hours of making reservations for the church.

All cancellations must be made soon as possible to allow the facilities to be available for use by others. Anyone calling Thirty (30) days prior to their scheduled date will receive a 75% refund; anyone calling Two (2) weeks prior to their scheduled rental date will receive a 50% refund.

Anyone failing to cancel their reservations or give at least a two (2) week notice will not be eligible for a refund.

There are sixteen (16) round tables with One Hundred Twelve (112) chairs; Two (2) rectangle tables with fifteen (15) chairs in the Fellowship Hall. If more is needed, I understand that I am responsible for having them delivered and picked up before the end of my scheduled rental time.

Print Name

Rental Signature

Date

Church Representative Signature
Trustee



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This is submitted to request the use of the church's facilities and to verify I; _____ will take full responsibility for its facilities while the church is in my care.

Purpose: (reason for use of facility)

Date the event will be used: _____
Approximate Number Attending: _____
Requested beginning time: _____
Approximate ending time: _____
Rehearsal date and time if applicable: _____

I am the responsible person that will ensure the facilities are protected and secured:

Name _____
Address _____
Telephone Number _____
Cell Phone Number _____

Fees to use the facilities are:

Church - \$375.00 Janitor Service - \$125.00 (Yes or No)
Fellowship Hall - \$275.00 Audio/Visual Service - \$125.00 (Yes or No)

Total Amount _____
Paid _____
(Cash – Check – Money Order)
Balance Due _____

_____ Rental Signature Church Representative Signature
Trustee