



FACILITY USE REQUEST FORM

Bridgewater Baptist Church
564 Glen Allen Dr, Bridgewater, NS
B4V 0B3 (902) 543-2178

Please return completed form, to the church office as far in advance of date requested as soon as possible to **confirm** your reservation. **No facility use will be granted without all forms completed and returned to the church office.**

1. _____ Date: _____
(Group or Individual requesting use)

2. Address: _____ Phone #: _____
Email address: _____

3. Date(s) Requested: _____ If recurring - Start date: _____ End date: _____ (max 1yr)

4. Time of day: Begin: _____ End: _____

5. Bridgewater Baptist Church member: Yes No

6. *Facilities needed (please check rooms you plan to use):

<input type="checkbox"/> Sanctuary	<input type="checkbox"/> Gym	<input type="checkbox"/> Mezzanine
<input type="checkbox"/> Boardroom	<input type="checkbox"/> Kitchen	<input type="checkbox"/> Chapel
<input type="checkbox"/> Classroom(s)	<input type="checkbox"/> Foyer	<input type="checkbox"/> Meeting Room(s)

7. Please explain activity to be held: _____
8. Estimated number of people attending _____
9. Form 001 has been signed Yes: <input type="checkbox"/> No: <input type="checkbox"/>

10. Will you require use of the Church Audio or Video system? Yes No
(if yes, Technician Requirement *Form 004* will need to be completed)

The person/organization requesting the use of the Bridgewater Baptist Church facilities hereby absolves the church, its pastors, leadership, members, or people of any liability for personal injury to any individual resulting from the use of the church facilities and *agrees to be responsible for any property damage that results during the use of the facilities.* Please report any damage to the church office promptly.

Please note there is to be no confetti or equivalent in the building.

I ACKNOWLEDGE THAT THIS APPLICATION IS ONLY A REQUEST. RENTALS ARE NOT CONFIRMED UNTIL ALL APPLICABLE FEES ARE PAID IN ADVANCE, CERTIFICATE OF INSURANCE IS RECEIVED, TERMS AND CONDITIONS AND FACILITY STANDARDS ARE SIGNED.

Applicant Signature

Date

Name (Please print)

Organization