Maple Springs Baptist Church

4131 Belt Road Capitol Heights, MD 20743

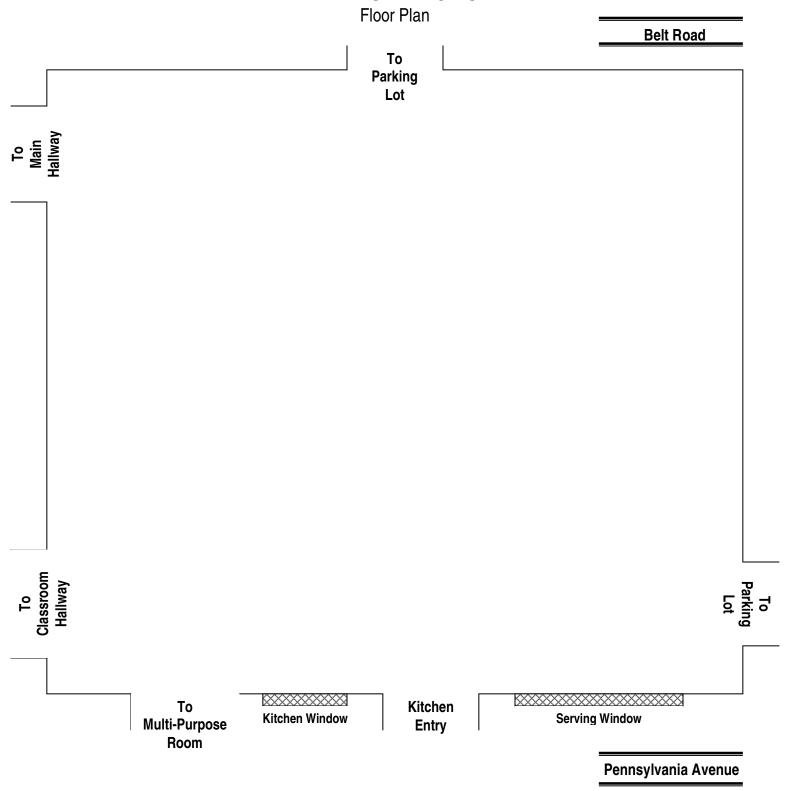
ACTIVITY/FACILITY/TRANSPORTATION/CONTRACT SERVICES REQUEST FORM

***FORM INSTRUCTIONS: This form <u>must</u> be completed for all approved ministry activities, meetings, and rehearsals requiring the uses of the church/church transportation//contract services. Please fill out all sections that apply to the approved ministry activity. ***

NOTE: THIS FORM SHOULD BE PLACED IN TRUSTEE VASHTIE MONCRIEF'S MAILBOX, LOCATED IN THE CHURCH OFFICE. MINISTRY INFORMATION Section 1 NAME OF MINISTRY: NAME OF MINISTRY PRESIDENT: MINISTER LEADER APPROVAL: **ACTIVITY INFORMATION** Section 2 ACTIVITY NAME: _____ ACTIVITY POINT OF CONTACT: ☐ Work TELEPHONE NUMBER: E-MAIL: __ (Start Date) (Year) -or-RECURRING DATES OF ACTIVITY: (Month) (Year) (Month) (Year) (Month) (Month) (Month) (Month) TIME OF ACTIVITY: ______ \[\bigcup_{a.m.} \bigcup_{p.m.} \((Start Time) \) _ \[\bigcup_{a.m.} \bigcup_{p.m.} \((End Time) \) _ ESTIMATED NUMBER OF PEOPLE: TO BE COMPLETED BY TRUSTEE MINISTRY ONLY TRUSTEE MINISTRY APPROVAL: APPROVED BY: DATE: **DISAPPROVED BY:** DATE: COMMENTS:

Section 3 CHURCH FACILIT	TIES REQUEST INFORMA	TION			
☑PLEASE CHECK AREAS OF C	HURCH NEEDED:				
☐ Sanctuary	☐ Myles Fellowship Hall	Multi-Purpose Room (Old Fellowship Hall)			
☐ Kitchen	Classroom (Quantity requested)				
Parking Lot (Outdoor Activity))				
☑PLEASE CHECK AUDIO/VISUA	AL EQUIPMENT NEEDED:				
Projector	☐ TV/VCR/DVD	☐ Musical Instruments			
☐ Sanctuary Sound System	Fellowship Hall Sound Sys	tem			
☑PLEASE CHECK OTHER ITEM	S NEEDED:				
Sanctuary Carpeted Platform	n	□ Other ()			
☑PLEASE CHECK IF FOOD WIL	L BE SERVED: (A Certified Foo	od Service Manager will be required)			
Yes	□No				
CERTIFIED FOOD SERVICE M	ANAGER INFORMATION	:			
NAME:					
TELPHONE NUMBER:					
Section 4 AREA SET-UP RE	QUIREMENTS	•••••			
	ed. Indicate via written desc	r of chairs at each table, podiums needed and ription or layout the location of these items. A			
NUMBER OF RECTANGLE TA	ABLES:	NUMBER OF ROUND TABLES:			
NUMBER OF CHAIRS AT EAC	CH TABLE:	NUMBER OF SERVING TABLES:			
NUMBER OF PODIUMS:					
		Indicate if you need to change the standard Attach descriptions or layouts for the set-ups			

FRANK V. MYLES FELLOWSHIP HALL



*** INSTRUCTIONS: Please indicate the placement of the available resources that you want for your activity on the grid above.

AVAILABLE RESOURCES:	INDICATE ON GRID WITH:
6 FT. Rectangle Table	Rectangle
6 ft. Round Table	Circle
Chairs	X's
Grand Piano	Triangle
Platform	Square
Podiums and Microphone	"P" Inside Small Circle

**SPECIAL ATTENTION:

Fire regulations require that doors **cannot** be blocked.

*FOR FURTHER INFORMATION:

Please contact Trustee Cheryl Mackey on 301-248-2398 (H) or 240-533-2156 (C).

CHURCH BUS/VAN TRANSPORATATION REQUEST INFORMATION CHURCH BUS REQUEST DESTINATION: PICK-UP DATE: ___ _____/ (Month) (Day) (Year) PICK-UP TIME: _____ \square a.m. \square p.m. RETURN TIME: _____ \square a.m. \square p.m. DESIGNATED DRIVER(S): (Name) (Telephone Number) (Name) (Telephone Number) **CHURCH VAN REQUEST** DESTINATION: (Month) (Day) (Year) (Month) (Day) PICK-UP TIME: \square a.m. \square p.m. RETURN TIME: \square a.m. \square p.m. DESIGNATED DRIVER(S): (Name) (Telephone Number) (Telephone Number) (Name) **** TO BE COMPLETED BY TRUSTEE MINISTRY ONLY TRUSTEE MINISTRY APPROVAL: TRUSTEE ASSIGNED:

DATE RECEIVED: ____

◆◆◆◆ Section	6 CONTRACT	T SERVI	CE REQ	UEST IN	FORMATIC	*******)N	· ***	*****	*****
	NAME OF MINISTRY:								
	MINISTRY POINT OF (CONTACT	T:						
	TELEPHONE NUMBER	R:					☐ Cell	Home	Work
	E-MAIL:								
MINIS	TER LEADER APP								
	ACTIVITY NAME:								
	PRODUCT, VENUE OF	R SERVIC	E REQUIR	IED:					
	QUANTITY:								
	DATE(S) NEEDED: _	(Month)	<u> </u>	(Year)	_ (Start Date)	(Month)	_ / /	(Year)	(End Date)
	TIME NEEDED:		_ _ a.m. [□ p.m. (St a	art Time)		a .m	. p .m. ((End Time)
	BUDGET CONSTRAIN	NTS:							
	SPECIAL REQUIREME	ENTS, TEF	RMS, OR C	CONDITION	NS: PRODUC	CT, VENUE OF	R SERVICE	REQUIRE):
			-		-	more space is this Product or			
	SUGGESTED VENUES	S OR PRO	VIDERS:	- Jamban	W. shan			Doint	COt-at
	<u>Vendor Name</u>			Telephone	<u>Number</u>			<u> </u>	of Contact
****	•••••••TO BE	E COM	PLETEI	D BY TI	RUSTEE	MINISTRY	ONLY	*****	· · · · · · · · ·
TRUST	TEE MINISTRY APPR	ROVAL:							
TRUST	TEE ASSIGNED:								
DATE	RECEIVED:								

Section 7 CHARTER BUS/ RENTAL VAN TRANSPORATATION REQUEST INFORMATION

CHARTER BUS REQUEST

	NUMBER OF BUSES NEEDED:			
	WILL FOOD BE SERVED ON THE BUS?	Yes	□No	
	If yes, please give details:			
	WILL ADDITIONAL TRAVEL BE REQUIRED OF THE DRIVER WHILE AT THE DESTINATION?	Yes	□No	
	If yes, please give details:			
	WILL ANY STOPS FOR MEALS ON THE WAY BACK TO THE CHURCH BE REQUIRED?	Yes	□No	
	If yes, please give details:			
RENT	TAL VAN REQUEST			
	DESIGNATED DRIVER(S):			
	(Name) (Telep	(Telephone Number)		
	(Name) (T		elephone Number)	
****	**************************************	· ***	****	
TRUS	TEE MINISTRY APPROVAL:			
TRUS	TEE ASSIGNED:			
DATE	RECEIVED:			