



Facility Use Form

Thank you for your interest in using facilities at Cross Point Baptist Church. If you would, please fill out this form so that we know how to best meet your needs.

Name: _____ Organization Name: _____

Event Name: _____ Event Date & Time: _____

My organization is: a ministry of Cross Point an outside organization

Describe your event and your organization if it is not a ministry of Cross Point:

What parts of our facilities would you like to use: _____

Do you need the following: Sound Support Video Projection Support Use of the Kitchen Child Care*

Please answer the following to the best of your abilities. If you do not have people who are currently responsible for these tasks, someone can be assigned.

Task	Responsible Party
Unlocking & Locking Building	
Turning On & Off Lights	
Sound Support (if required)	
Video Support (if required)	

Rates

*If you are an outside organization, the following tasks must be paid for the day of your event or before. You cannot provide people to perform these tasks; they must be performed by a trained member of Cross Point *Child care is only available to Ministries of Cross Point.*

Task	Rate
Sound Support	\$50/day < 4 hours \$100/day > 4 hours
Video Projection Support	\$50/day < 4 hours \$100/day > 4 hours
Custodial Services	\$150 per event

Signature

Date of Request