SPECIAL EVENTS REQUEST FORM
BETHANIA MORAVIAN CHURCH

Name/Organization: ________________________________________  Date: __________________

Date Needed: _____________________________ Times:   __________________ Time of Event:___________

Any preparation the day or days before?         __________ Yes __________ No
If yes, what days?    ________________________________________________________________________________

How many people will attend? ______ What is the purpose of the event? _____________________
_________________________________________________________________________________

Please check below the areas or spaces needed:
Sanctuary _____ Coffee Kitchen _____ Old Coffee Kitchen _____ Classroom(s) _____ Other _____

Main Floor: Kitchen _____ Fellowship Hall _____ Ice _____
Lower level: Kitchenette _____ Assembly Room _____ Classroom(s) _____________________
Picnic Shelter _____ Parking Number _____ List any other information   ______________________
_________________________________________________________________________________

Contact    Person: ________________________________________________________________________________

Telephone Number: (Day)______________ (Evening)_______________ (Cell) _________________

Email: _________________________________Address: (if no email) _________________________________

It is extremely important that you understand that filling out this form does not guarantee you the space nor date! The
Board of Elders must approve all requests. You will be notified and the event put on the calendar when approved.
Please allow enough time for this process, as the board meets only once monthly. The Rules and Regulation form must
be signed and attached to this request or your event will be turned down. Your request must be turned into the church
office!

If your event is a fundraiser with a meal being served, you must also attach a completed Application for Exempt
Temporary Events form from the Forsyth County Department of Public Health. The Church Office will mail this form
which is due 30 days before the event.

If your event is cancelled, please call and report this to the Church's administrative assistant at (336) 922-1284 as soon
as possible. Failure to do so may cause problems for others wanting to use the facilities.

Thank you for your cooperation!

For Office Use Only:   Date Received _______________  Received by ___________________
Rules signed & turned in__________ If not, mailed copy of R&R on ______________________________
Date Reviewed by Board _________________ Approved ______ Disapproved _____ Date put on calendar ___________________
Chairman of the Bd. of Elders signature ____________________________________________

Revised 1/2/2014