



Mount Zion Baptist Church
901 South Westover Boulevard
Albany, Georgia 31721
(229) 432.6837

APPLICATION FOR USE OF CHURCH FACILITY

IMPORTANT: Please complete all information legibly and its entirety.

Location:

M. L King. _____ **Westover Blvd.** _____

Event Date _____ **Requested Hours** _____ **to** _____

Day of Week (Check One) Sunday ___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday ___ Saturday ___

Event Date _____ **Requested Hours** _____ **to** _____

Day of Week (Check One) Sunday ___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday ___ Saturday ___

Name of Organization or Individual(s) _____

Address _____

Home Telephone # _____ Alternate Telephone # _____

Fax# _____ E-mail _____

Intended Use _____ Approximate Attendance _____

Name of person responsible for the affair if other than applicant (if same, so indicate)

Address _____

Home Telephone # _____ Business Telephone # _____

Address _____ Telephone # _____

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FACILITIES REQUESTED

Sanctuary (ML King) _____

Sanctuary (Westover) _____

Family Life Center (ML King) _____

Multipurpose Room (Westover) _____

Classroom (ML King) _____

Classroom (Westover) _____

(Please be sure that party using the kitchen has read the guidelines with regards to the kitchen.)

of People Large Event _____ Small Event _____ Head Table _____

of Tables 8ft.Rectangle _____ # of chairs per table _____

THE FOLLOWING TO BE COMPLETED BY CHURCH BUSINESS MANAGER:

TOTAL AMOUNT FOR USE OF FACILITY \$ _____

DEPOSIT AMOUNT TO RESERVE FACILITY \$ _____

BALANCE DUE \$ _____

I have completed this application/agreement and I have read and understood and agree to the balance due and policy which is incorporated herein by reference.

Applicant Signature

Date

*Patricia Smiley-Kelly
Church Business Manager*

Date