



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

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**APPLICATION FOR USE OF CHURCH FACILITY**

**IMPORTANT: Please complete all information legibly and in 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 (M L King) \_\_\_\_\_

Sanctuary (Westover) \_\_\_\_\_

Family Life Center (M L King) \_\_\_\_\_

Multipurpose Room (Westover) \_\_\_\_\_

Classroom (M L 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 \$ \_\_\_\_\_**

**TOTAL AMOUNT FOR MEDIA SERVICE \$ \_\_\_\_\_**

**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*  
*Church Business Manager*

\_\_\_\_\_  
*Date*