

FACILITY USE APPLICATION

Bosqueville Baptist Church
Waco, Texas

Date of Event: _____ Time: _____

Type of Event: _____

NAME OF APPLICANT: _____

Address: _____

City/State/Zip: _____

Home #: _____ Cell #: _____ Work #: _____

NAME OF ORGANIZATION (if applicable): _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

PLEASE CHECK FACILITIES DESIRED

Sanctuary: _____ Fellowship Hall: _____ Family Life Center: _____

I have read the conditions provided in the Facility Use Policy, which was attached to this application, and agree to abide by them if I am permitted the use of these facilities and to make every effort to insure that my guests will do the same. I understand that I will be responsible for any damage that may occur to church property.

Applicant's Signature _____ Date

Fees Paid: \$ _____

A deposit of \$250.00 must be made to hold date. All fees are due 30 days before the event.