Good Shepherd Missionary Baptist Church of L.A. Facilities Application

Date:_____

1. **Name of Organization:** _____
2. **Contact Person:** _____
3. **Contact Email:** _____
4. **Address:** _____
5. **Telephone:** _____
6. **Website:** _____
7. **Requested Dates/Times:**

DATE	START TIME	END TIME	FACILITY	PURPOSE

8. **Available Facility Areas: (Check all that apply)**

☐ **Sanctuary ($1000 donation)** ☐ **Figueroa Parking Lot ($200 deposit)**

☐ **Audio/Visual ($150)** ☐ **Live Stream ($50 donation)**

☐ **Fellowship Hall/Kitchen ($1000 donation)** ***(Additional $250 fully refundable cash deposit required – returned upon verified cleaning)***

9. **Describe the intended event/program:** *Please attach flyer, a list of activities, or itinerary*
10. **Will food be served at the event?** ☐ **Yes** ☐ **No**

If Yes, who will prepare/serve the food? _____

11. **Expected Attendance:** _____
12. **Admission Donation:** _____
13. **Parking Lot Donation:** _____
14. **Equipment Request**:

AUDIO/VISUAL	TABLES	CHAIRS	OTHER

15. **Does your organization maintain Liability Insurance?** ☐ **Yes** ☐ **No**

Signature_____

FOR OFFICE USE ONLY

☐ **Approved** ☐ **Not Approved** ☐ **I.D. Verification**

Comments:

_____**Chairperson, Board of Deacons**

_____**Chairperson, Board of Trustees**

Donation Amount: _____ **Date:** _____