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

3. Contact Email:	:								
3. Contact Email:	1.	Name of Organ	nization:						
4. Address:  5. Telephone: 6. Website: 7. Requested Dates/Times:  DATE START TIME END TIME FACILITY PURPOSE  8. Available Facility Areas: (Cheek 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 require 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  Proved Not Approved I.D. Verification Chairperson, Board of Deacons Chairperson, Board of Trustees	2.	Contact Person:							
5. Telephone:    6. Website:	3.	Contact Email:							
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 requirementured 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  Proved Not Approved  1 I.D. Verification  Chairperson, Board of Deacons  Chairperson, Board of Trustees	4.	Address:							
7. Requested Dates/Times:    DATE	5.								
DATE START TIME END TIME FACILITY PURPOSE    Bart	6.	Website:							
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 require 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:	7.	Requested Dates/Times:							
Sanctuary (\$1000 donation)   Figueroa Parking Lot (\$200 deposit)		DATE START TIME		E E	END TIME FA			CILITY PURPOSE	
Sanctuary (\$1000 donation)   Figueroa Parking Lot (\$200 deposit)									
Sanctuary (\$1000 donation)   Figueroa Parking Lot (\$200 deposit)									
Audio/Visual (\$150)	8	Available Faci	lity Areas: (Che <u>c</u>	k all that ap	ply)				
Audio/Visual (\$150)		Sanctuary (	\$1000 donation)	Figuero	a Parking La	+ (\$200 ·	denosit)		
Fellowship Hall/Kitchen (\$1000 donation) (Additional \$250 fully refundable cash deposit require 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?	F	Sanctuary (	31000 donadon) [ 7	riguero	a rarking Lo	οι (\$200	ueposit)		
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		Audio/Visua	l (\$150)	Live St	ream (\$50 doı	nation)			
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	Г	$\neg$							
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		Fellowship	Hall/Kitchen (\$1	000 donatio	n) <i>(Additiona</i>	ıl \$250 fi	ullv refunda	ble cash denosit reauire	
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:	retu			ooo donadio	(11000000	<b> 2</b> 20 j.	any regulation	ore cush ueposu require	
10. Will food be served at the event? Yes No  If Yes, who will prepare/serve the food?  11. Expected Attendance:		1 3	0/						
10. Will food be served at the event? Yes No  If Yes, who will prepare/serve the food?  11. Expected Attendance:	9.	Describe the in	itended event/pro	ogram: Plea	ise attach flye	r, a list o	f activities, o	r itinerary	
If Yes, who will prepare/serve the food?  11. Expected Attendance:			-			,		•	
11. Expected Attendance:	10.								
12. Admission Donation:		If Yes, who wil	ll prepare/serve th	e food?					
13. Parking Lot Donation:		=	· · · · · · · · · · · · · · · · · · ·						
AUDIO/VISUAL TABLES CHAIRS OTHER    15. Does your organization maintain Liability Insurance? Yes No   Signature			·						
AUDIO/VISUAL TABLES CHAIRS OTHER  15. Does your organization maintain Liability Insurance? Yes No  Signature  FOR OFFICE USE ONLY  oproved Not Approved	13.	Parking Lot Do	onation:						
Signature	14.	<b>Equipment Re</b>	quest:						
FOR OFFICE USE ONLY  proved  Not Approved  nents:  Chairperson, Board of Deacons Chairperson, Board of Trustees		AUDIO/VIS	SUAL TA	BLES	CHAII	RS		OTHER	
FOR OFFICE USE ONLY  proved  Not Approved  nents:  Chairperson, Board of Deacons Chairperson, Board of Trustees									
FOR OFFICE USE ONLY  proved  Not Approved  Chairperson, Board of Deacons Chairperson, Board of Trustees					_				
FOR OFFICE USE ONLY  proved  Not Approved  Chairperson, Board of Deacons Chairperson, Board of Trustees	15.	Does your orga	nization maintai	in Liability	Insurance?	Yes	No		
FOR OFFICE USE ONLY  proved  Not Approved  Chairperson, Board of Deacons Chairperson, Board of Trustees									
FOR OFFICE USE ONLY  proved  Not Approved  Chairperson, Board of Deacons Chairperson, Board of Trustees		Signatura							
oproved  Not Approved  I.D. Verification  Chairperson, Board of Deacons  Chairperson, Board of Trustees		orginatur c			<del></del>				
oproved  Not Approved  I.D. Verification  Chairperson, Board of Deacons  Chairperson, Board of Trustees				FOR OF	FICE USE C	ONLY			
Chairperson, Board of Deacons Chairperson, Board of Trustees	ppro	oved   Not Ap	proved				I.D. Verifica	ation	
Chairperson, Board of Trustees	ment	ts:					<b>6</b> 7	<b>D</b> - 4-	
ion Amount:									
AUDIOURI.	ation	Amount:					Date:		