EQUIPMENT USE AND SERVICE REQUEST

(Please DO NOT USE FOR MINISTRY CENTER OR CAMP USE)

FRANKLIN BAPTIST ASSOCIATION

PO Box 310, Union, MO 63084 fcbamo@aol.com

636-583-2639

Date(s) of Use:	Start Time:	End Time:	
GROUP:			
Purpose of Activity:			
Sponsoring Church/Church Membership:			
Approximate Number in Group: A	Ages of Group:		
Contact Person:		·	
Address:			
Main Contact Phone:	Cell or Other Phone: _		
E-mail Address:			
EQUIPMENT A	.ND SERVICES REQUESTED	<u> </u>	
Bus Party Trailer (fully equipped)		
Video Projector Movie Film Projec	tor Slide Projector	_ Projection Screen	
PA System Portable Speaker	Bounce House		
Snow Cone Machine Popcorn M	achine Table Cloths _		
Electric Stapler Spiral Binder	Other		
Signature & Title		Date	
Please list any special needs or reques	sts on back of this sheet.		
*FBA Churches and Ministries are <u>not</u> not deposits may be requested and donations		use or services. However	
FOR OFFICE USE			
Date Request Received Deposit Fee			
Deposit FeeRental/Use Fees/Donations	Deposit Received Payment/Donation Recei	ved	
	Payments/Deposit Fee R	Payments/Deposit Fee Return	