

# **GROUP RESERVATION FORM**

HIGHWAY 47 MINISTRY CENTER  
FRANKLIN COUNTY BAPTIST ASSOCIATION  
PO Box 310, Union, MO 63084 636-583-2639

**GROUP:** \_\_\_\_\_

Purpose of Activity: \_\_\_\_\_

Sponsoring Church/Church Membership: \_\_\_\_\_

Approximate Number in Group: \_\_\_\_\_ Ages of Group: \_\_\_\_\_ Deposit enclosed: \_\_\_\_\_

Date of Event: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Date(s) Building Reserved: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_  
(Include Set-up & Clean-up in the time)

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Main Contact Phone: \_\_\_\_\_ Cell or Other Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

## **FACILITIES, EQUIPMENT AND SERVICES REQUESTED**

Kitchen \_\_\_\_\_ Serving Refreshments \_\_\_\_\_ Serving a full meal \_\_\_\_\_  
Dining/Conference Room \_\_\_\_\_ Gym \_\_\_\_\_ Meeting Room \_\_\_\_\_ Table/Chairs \_\_\_\_\_  
PA System \_\_\_\_\_ Softball Field \_\_\_\_\_ Other \_\_\_\_\_ Custodian Services \_\_\_\_\_

**I have read and consent to the Ministry Center Policies, Regulations and Fees.**

\_\_\_\_\_  
Signature & Title

\_\_\_\_\_  
Date

***Please list any special needs or requests on back of this sheet.***

### **FOR OFFICE USE (Rev. 01-25-12)**

Deposit Fee \_\_\_\_\_

Rental/Use Fee \_\_\_\_\_

Janitorial, Misc. Fee \_\_\_\_\_

Deposit Received \_\_\_\_\_

Payment(s) Received \_\_\_\_\_

Payments/Deposit Fee Return \_\_\_\_\_