



**bidwell**  
 presbyterian church  
 growing deep growing up growing out

# Facility Use Request

Thank you for considering Bidwell Presbyterian Church (BPC) for your event. We want to accommodate you to the best of our abilities, but before we can consider your request, we need to know more about you and your event. Please take a moment to read our **Facility Use Policy** prior to completing and submitting a signed Request Form. Unfortunately, we cannot promise you space until your request has been reviewed and approved.

## Event Information

Event Title:		Today's Date:	
Start Date:	End Date: (must include)	# Of People:	
Start Time:	End Time: (must include)	How often will this event occur?	
Prep Start Time:	Prep End Time:	1x	<input type="checkbox"/>
Clean up Start Time:	Clean Up End Time	Wkly	<input type="checkbox"/>
		Mthly	<input type="checkbox"/>
		Qtly	<input type="checkbox"/>
		Day of	S M T W TH F S
		Week	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

## Individual/Organization Information

Is this a BPC Ministry? Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Ministry Name:
Is this a Non BPC Affiliated Group? Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Group Name:
Is your group Non-Profit? Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Sponsorship Information: (BPC Staff to Complete) Sponsored Yes <input type="checkbox"/> No: <input type="checkbox"/> Ministry:

## Facilities Requested

Admin Conference Room	<input type="checkbox"/>	Room 109	<input type="checkbox"/>	Room 205	<input type="checkbox"/>
Room 004 WFH	<input type="checkbox"/>	Room 110	<input type="checkbox"/>	Room 206	<input type="checkbox"/>
Room 005 Kitchen (Staff Required)	<input type="checkbox"/>	Room 112	<input type="checkbox"/>	Room 207	<input type="checkbox"/>
Room 012	<input type="checkbox"/>	Room 115 (Sanctuary Approval Req.)	<input type="checkbox"/>	Room 209	<input type="checkbox"/>
Room 015	<input type="checkbox"/>	Room 201	<input type="checkbox"/>	Room 210	<input type="checkbox"/>
Room 105	<input type="checkbox"/>	Room 202	<input type="checkbox"/>	Room 2 11	<input type="checkbox"/>
Room 106 Nursery (Childcare Request form Required)	<input type="checkbox"/>	Room 204	<input type="checkbox"/>	Patio: Front <input type="checkbox"/> Back <input type="checkbox"/>	

## Equipment Requested (if not providing your own)

Projection Unit	<input type="checkbox"/>	Overhead Projector (Transparencies)	<input type="checkbox"/>	Sound System	<input type="checkbox"/>
Projection Screen	<input type="checkbox"/>	Dry Erase Board/Markers	<input type="checkbox"/>	Printer	<input type="checkbox"/>
DVD Player	<input type="checkbox"/>	TV	<input type="checkbox"/>	VHS Player	<input type="checkbox"/>
Microphones #	Stands #	Lap Top	<input type="checkbox"/>	Internet Access: Leader <input type="checkbox"/> Participants <input type="checkbox"/>	

## Hospitality Items Requested (if not providing your own – \* additional costs maybe incurred)

Types and Quantity of Tables:		Chairs: #	<input type="checkbox"/>	Dinnerware: Corel* <input type="checkbox"/>	Paper <input type="checkbox"/>
60" Round: #	8' rect. #	Water Pitcher: #	<input type="checkbox"/>	Utensils: Stainless* <input type="checkbox"/>	Plastic <input type="checkbox"/>
4' rectangular #	5' slim rect. #	Podium	<input type="checkbox"/>	Cups/Glasses: Corel/Glass* <input type="checkbox"/>	Paper <input type="checkbox"/>
3 x 3 square #	Lap top Table #	Other:	<input type="checkbox"/>	Tablecloths/Napkins: Cloth* <input type="checkbox"/>	Paper <input type="checkbox"/>

Room Set Up: Circular  U-shape  Theatre Style  Block "O"  Other  (please attach drawing)

Will you need access to the kitchen? Yes  No  Have you attended a BPC Kitchen Training? Yes  No

What type of access will you need? Food Prep  Cooking  Coffee  Water  Food Storage

Will meals be provided? Yes  No  breakfast  am snack  lunch  pm snack  hors d'oeuvre  dinner

Who will provide meals? BPC Dinner Coordinator  Outside caterer  Potluck  Food ordered and brought In

BPC Ministries: Please indicate the budget and line item that Staff time and Food Expenses will be paid from below:

Budget: \_\_\_\_\_ Line Item/Designated Fund: \_\_\_\_\_

## Event Coordinator information

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fa x: \_\_\_\_\_

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

Liab. Insurance Carrier: \_\_\_\_\_ Liab. Insurance Policy Number: \_\_\_\_\_

## Outside Vendor Information (only provide if Bidwell Pres Services are not requested)

Will you be using an outside vendor? Yes  No

What services will they be providing? Catering  Rental Equipment  Sound/DJ

Please provide contact information for each of your vendors on a separate piece of paper. Our Hospitality Director will follow up with them to go over details and to get their insurance information.

If application is accepted, it will be signed by an authorized representative of Bidwell Pres. and placed on the Master Calendar. Once the application is accepted, this application form becomes the executed agreement between the applicant/user and Bidwell Pres. Bidwell Pres. has the right to refuse service or usage of their facility to any person or group for any reason.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

### For Office use Only

Request Approved:  Date Approved: \_\_\_\_\_ Approved by: \_\_\_\_\_

Security Deposit Received: \$ \_\_\_\_\_ Date Paid: \_\_\_\_\_ Cash/Check #: \_\_\_\_\_

Proof of Insurance Received:  Date Received: \_\_\_\_\_

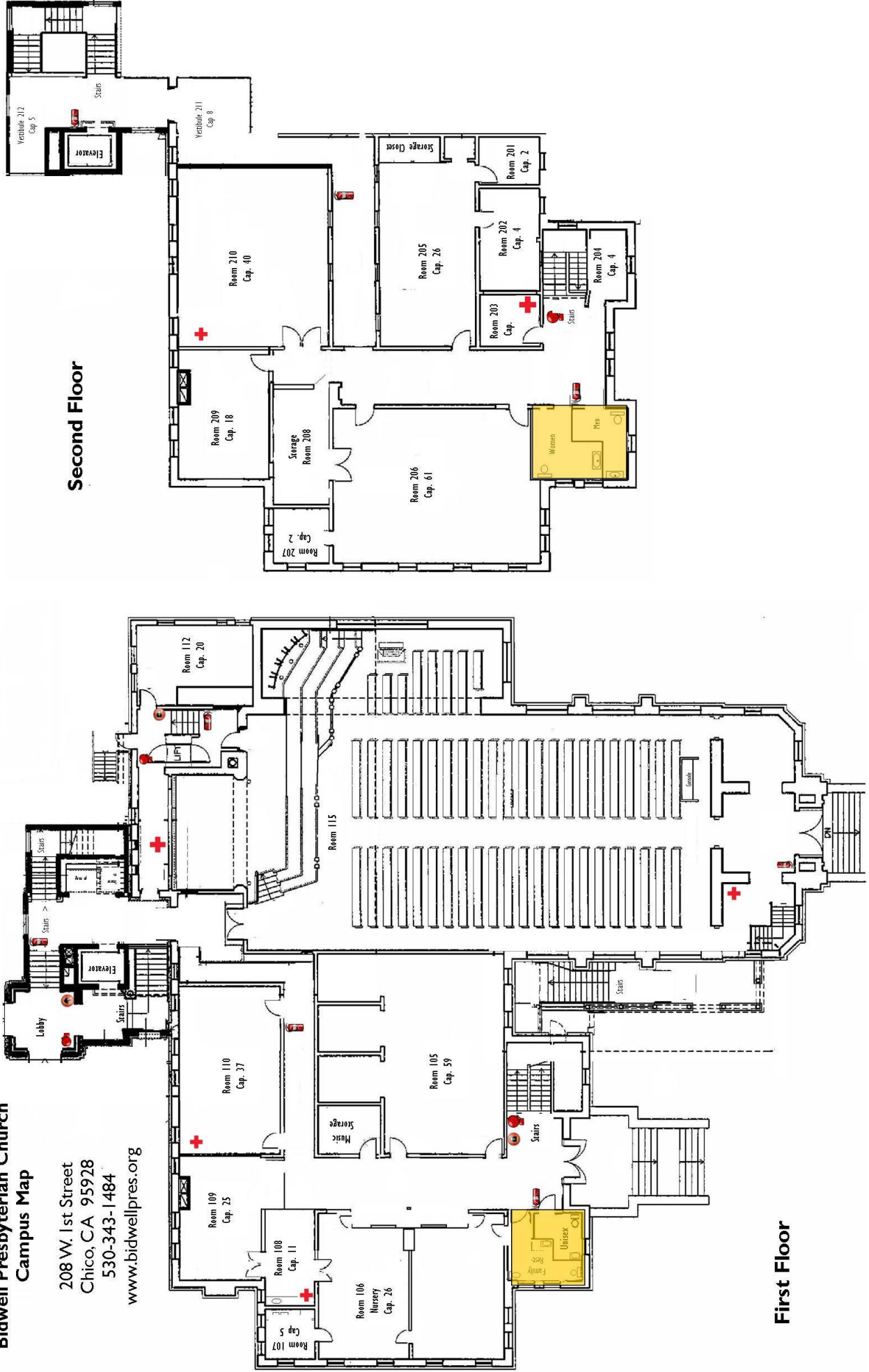
Request Denied:  Date Denied: \_\_\_\_\_ Denied by: \_\_\_\_\_

Reason for Denial: \_\_\_\_\_

**Bidwell Presbyterian Church  
Campus Map**

208 W. 1st Street  
Chico, CA 95928  
530-343-1484

[www.bidwellpres.org](http://www.bidwellpres.org)



**Second Floor**

**First Floor**

# Basement

