

PLEASE PRINT IN THE APPLICABLE SPACES.



FELLOWSHIP HALL APPLICATION GREATER PEACE BAPTIST CHURCH

Applicant: _____

Type of Event: _____

Date(s) of Event: _____

Start Time: _____ (AM/PM) **End Time:** _____ (AM/PM)

Applicant's Signature: _____ **Date:** _____

Address: _____

City: _____ **State:** _____

Cell Phone: _____ **Home Phone:** _____

Work Phone: _____ **Fax Phone:** _____

Email Address: _____

Usage Donation: \$150.00 Date Donated: _____

**GREATER PEACE BAPTIST CHURCH MUST RECEIVE THE USAGE DONATION
NO LATER THAN FIVE DAYS PRIOR TO THE EVENT.**

**THIS STATEMENT IS TO CERTIFY THAT AN INSPECTION OF
THE FELLOWSHIP HALL WAS MADE ON _____ AND
FOUND TO BE IN ORDER, OR WITH THE FOLLOWING
DISCREPANCIES NOTED BELOW:**

Fellowship Hall Coordinator's Signature

Date

**The use of alcoholic beverages, drugs, and weapons are prohibited in the
Fellowship Hall of the Greater Peace Baptist Church.**

Revised 12/01/16