Second Baptist Church
100 N. Main St. Suffield, CT 06078
Phone: 860-668-1661 Fax: 860-668-6126 - E-Mail: office@secondbaptistsuffield.org

Date of Application: _____

ROOM USE APPLICATION

Prior to completing this form, please call or email the church office to ensure the requested date/room is available. If any item on this form does not apply to you please indicate "NA".

Please Complete Entire Form (except for the "Approval Box" at the bottom of the page)

Name of Organization _____ CT Non-Profit? (YES or NO): _____

Federal Tax-Exempt Status (YES or NO): _____ Federal ID No. _____
(if YES attach IRS determination letter)

Address _____

Organization Day Phone/Fax _____

E-mail _____

Organization's Purpose _____

Event Name and Description _____

Contact Person's Name & Tel. No: _____
(Must be 18 or Older)

- **Date(s) Requested _____**
- **Event Start Time _____**
- **Event End Time _____**
  (Dates may not be scheduled more than nine months in advance, except with specific permission.)

Will the event be recurring: _____
One time only ❑ Monthly ❑ Weekly ❑ Multiple days ❑

Which day of the week: _____
Monday ❑ Tuesday ❑ Wednesday ❑ Thursday ❑ Friday ❑ Saturday ❑ Sunday ❑

Room(s) Requested: Sanctuary ❑ Common Room ❑ King Chapel ❑ Fellowship Hall ❑ Activity Room ❑
Parlor ❑ Library ❑ Classroom ❑ Meditation Room ❑
***Rooms available only by special arrangement*: Main Kitchen ❑ Activity Room Kitchen ❑ Nursery ❑**

Anticipated Number of Participants: _____

Will a participant fee be charged? Yes ❑ No ❑ **Will food or drink be consumed?** Yes ❑ No ❑

Special Needs or Requests:_____

Set Up Instructions:_____

APPROVAL: Request Approved _____ DISTRIBUTION: Moderator: _____
Request Denied _____ Custodian: _____
Cost-Sharing Total_____ Treasurer: _____