

## MOUNT SINAI MISSIONARY BAPTIST CHURCH

A.W. Anthony Mays, Senior Pastor

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## REQUEST For Facilities and Services

EVENT TITLE			
Date & Day of Event_	(*If a series of events and da	4	
	(*If a series of events ana aa	tes use back of form)	
Auxiliary/Department/	Ministry		
Contact Person			
Address			
City	State	Zip Code	<del></del>
Telephone (work) (home)			
Facility Requested:	Foyer West Lobby Sanct	tuary Classroom#	
Parking Lot 2 <sup>nd</sup> Floo	or Lobby Fellowship Hall	•	(2 <sup>nd</sup> Fl.)
Expected Attendance:	Preference wi	PLEASE NOTE:	but places be flevible
	Setup Time: From		
Event Date:	Event Time: From	(am/pm) 10	(am/pm)
SI	PECIAL SET-UP INSTRUCT	ΓΙΟΝS/ EQUIPMENT	
8' Tables #	Tables # 6' Tables #		
Chairs #	hairs # Round Tables #		
Set-Up Diagram/ Special	Instructions:		

## AUDIO/VISUAL & MISCELLANEOUS EQUIPMENT

*CP	heck all that will be needed*
CD Player	Chalkboard
Easel	Extension Cord
Overhead/Screen	Piano
Standing Podium	Table Podium
VCR/DVD Player	TV Monitor
PA System	Other:
Month: Day(s)	DR SERIES EVENTS    Month:   Day(s)
Month: Day(s)	Month: Day(s)
Month: Day(s)	Month: Day(s)
I understand that I will be held resp	D ONLY UPON APPROVAL OF THIS COMPLETED FORM onsible for any damage to the facilities furniture equipment.
Responsible Party Signature	Date
Ministry Leader Signature	Date

Date

Pastor Signature