

# **CLINTON COMMUNITY BIBLE CHURCH**

## **FACILITY USE APPLICATION**

Physical Address 9635 Clown Lane, Clinton MT 59825 | Mailing Address PO BOX 158 Clinton, MT 59825

### **Reason for use of Facility:**

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### **Main Contact Person:**

Name & Phone Number	Email Address
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**Date(s) & Times Request:** \_\_\_\_\_

**Expected Number of People:** \_\_\_\_\_ **Length of Event:** \_\_\_\_\_

**Media:** What are your plans for media? (Please note a CCBC A/V Tech is required)

_____ Slideshow	_____ Recorded Music	_____ Other
_____ Live Music	_____ Video	_____

**Any media that you are planning on using must be delivered to CCBC 48 hours in advance**

#### **\*\*Suggested Donations\*\***

Kitchen Host Setup & Tear Down - \$100.00  
A/v Tech - \$50.00

\*Clinton Community Church wishes to pass on the blessing we have received from God in His provision of this building and people who are willing to serve, so we do not want the cost to be prohibitive to anyone. However, any donation will offset the cost for future families to utilize and enjoy our facility.

**Please remove all personal items and restore the building to the original condition at the end of your event.**

## PLEASE NOTE: ANY AND ALL ALCOHOL & DRUGS ARE PROHIBITED ON CHURCH PROPERTY

Please supply all paper or plastic products that will be needed for the food and beverages you're planning

CCBC GIFT TO YOU	FAMILY RESPONSIBILITY
_____ The use of building	_____ Supply all the paper goods
_____ Tables set up for event (if needed)	_____ Supply all the food & beverage
_____ Tablecloths (if needed)	_____ Kitchen Clean up
_____ Making Coffee	_____ Remove personal items
_____ Setting out food & supplies	_____ Putting building back to original condition
_____ Helping clean the kitchen	_____ \$100 for reception hostess/host

Thank you for choosing Clinton Community Bible Church. Please feel free to reach out to us with any questions that you might have. It is our goal to make this day as easy as possible for you and your event. Any questions please call (406) 481-4333

## FOR OFFICE USE ONLY

**\*NOTE\*** All applications must be reviewed and approved by the Board

\_\_\_\_\_  
Date Approved

\_\_\_\_\_  
Approved By:

\_\_\_\_\_  
Date & Time of Event

\_\_\_\_\_  
Family Member Contacted

\_\_\_\_\_  
Best Phone Number

Any special requests:

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\_\_\_\_\_  
\_\_\_\_\_