



# Second Baptist Church

1717 Benson Avenue ♦ Evanston, IL 60201  
Telephone (847) 869-6955 ♦ Fax (847) 869-6599  
Reverend Dr. Michael C. R. Nabors, Senior Pastor  
[www.secondbaptistevanston.org](http://www.secondbaptistevanston.org)

## SPACE REQUEST FORM

Date \_\_\_\_\_

Name of individual making the request \_\_\_\_\_

Address \_\_\_\_\_

Telephone (include area code) Day \_\_\_\_\_ Evening \_\_\_\_\_

Purpose for which space is needed \_\_\_\_\_

Date of event \_\_\_\_\_ Alternate date \_\_\_\_\_ Time Event Starts \_\_\_\_\_

Approximate hours of affair (include set up and clean up time) \_\_\_\_\_

Are you a member of Second Baptist Church?  Yes  No

### Designate Space needed

- Sanctuary - \$500\*
- Dining Room - \$300\*
- Non-refundable Deposit - \$100\*
- Fellowship Hall - \$300\*
- Kitchen - \$300\*
- Ladies Lounge - \$225\*
- Other \* \_\_\_\_\_

\* Non-members

Fees are based on three (3) hours. Cost over three hours charged at \$75 per hour. (\*\*Fee to be determined)

If kitchen is being used, (1) will food be prepared here?  Yes  No; (2) will it be used only for setting up to serve, i.e., setting up and replenishing trays, punch bowls, etc.?  Yes  No

Does this affair require any special set-up?  Yes  No

If yes, please draw diagram in space provided on reverse side and specify the area.

**PLEASE NOTE: A non-refundable deposit of \$100.00 is due upon confirmation of request. The balance is due the day of your event.**

### Individual responsible for payment of fees

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone (area code) Day \_\_\_\_\_ Evening \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

**Do not write below this line**

<p><b>Received by Church Office</b></p> <p>_____ Date _____</p> <p><b>Approved by Elizabeth A. Cox</b></p> <p>_____ Date _____</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td><b>FEE</b></td><td></td></tr> <tr><td><b>Deposit</b></td><td></td></tr> <tr><td><b>Total</b></td><td></td></tr> <tr><td><b>Balance Due</b></td><td></td></tr> </table>	<b>FEE</b>		<b>Deposit</b>		<b>Total</b>		<b>Balance Due</b>	
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<b>Deposit</b>									
<b>Total</b>									
<b>Balance Due</b>									

**SPECIAL SET-UP**  
(Draw Diagram in space provided below.)



**EQUIPMENT NEEDS (Second Baptist Church Events Only)**

- |   |  |
|---|--|
| <input type="checkbox"/> Sound System           | <input type="checkbox"/> Video Player              |
| <input type="checkbox"/> Piano                  | <input type="checkbox"/> Slide Projector           |
| <input type="checkbox"/> Chalkboard             | <input type="checkbox"/> LCD Projector             |
| <input type="checkbox"/> Easel                  | <input type="checkbox"/> Screen                    |
| <input type="checkbox"/> Table(s), number _____ | <input type="checkbox"/> Television/Location _____ |
| <input type="checkbox"/> Chairs, number _____   | <input type="checkbox"/> Other _____               |
| <input type="checkbox"/> Lectern                | <input type="checkbox"/> Other _____               |

**KITCHEN USE AND FOOD/SUPPLY REQUEST FORM**  
(Second Baptist Church members only)

**Please complete this requisition in order to receive supplies, utilize the kitchen and order food. No one is to use the kitchen for any reason unless approved. This form must be submitted seven (7) days before your event.**

**Do you need custodial help during your event?**    Yes    No

**Thank you.**

**Trustee Sheila Hilliard**

(Please Print)

**Date** \_\_\_\_\_ **Date Needed** \_\_\_\_\_

**Event** \_\_\_\_\_

**Auxiliary** \_\_\_\_\_ **Chairman** \_\_\_\_\_

ITEMS	AMOUNT	*COST EACH	TYPE
Plates		0.03	
Saucers		0.02	
Cups		0.02	
Small Bowls		0.02	
Large Bowls		0.03	
Forks		0.01	
Knives		0.01	
Spoons		0.01	
Napkins		0.03	
Meat			
Vegetables			
Beverage			
Cream			
Sugar			
Bread			
Dessert			
Ice			

- **\*Special orders – Additional Cost**

**Approved by** \_\_\_\_\_

**Date** \_\_\_\_\_

**ADDITIONAL INFORMATION FOR WEDDINGS**

**Deacon Margaret Walker is the Second Baptist Church Wedding Coordinator. All weddings must be cleared for concurrence. Please leave messages with church secretary.**

1. Has date and time of wedding been confirmed with Pastor? Yes \_\_\_\_\_ No \_\_\_\_\_  
2. Name of the Pastor who will be officiating \_\_\_\_\_

(If other than Second Baptist minister, has he/she been in contact with the senior or assistant pastor of Second Baptist Church, for approval or disapproval) Yes \_\_\_\_\_ No \_\_\_\_\_

3. Bride's Name \_\_\_\_\_  
Groom's Name \_\_\_\_\_

4. Day of wedding \_\_\_\_\_ Actual time of wedding \_\_\_\_\_

5. Date and time of rehearsal \_\_\_\_\_

6. Do you have a wedding planner Yes \_\_\_\_\_ No \_\_\_\_\_

If no, will you need the services of Second Baptist planner? Yes \_\_\_\_\_ No \_\_\_\_\_

Name of wedding coordinator \_\_\_\_\_

Telephone Nos. \_\_\_\_\_

7. Is reception at Second Baptist Church? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what rooms are needed? \_\_\_\_\_

8. Are church musicians needed? Organist Yes \_\_\_\_\_ No \_\_\_\_\_

Soloist Yes \_\_\_\_\_ No \_\_\_\_\_

9. Name of Florist \_\_\_\_\_

Will flowers be delivered to the church? Yes \_\_\_\_\_ No \_\_\_\_\_

Date and time of delivery \_\_\_\_\_

10. Will wedding party need a room to dress?

Ladies: Yes \_\_\_\_\_ No \_\_\_\_\_ Men: Yes \_\_\_\_\_ No \_\_\_\_\_

Other rooms needed \_\_\_\_\_

11. Will you need to decorate the church? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, who is your decorator?

Name \_\_\_\_\_

Telephone Nos. \_\_\_\_\_

Date and hour of decorating \_\_\_\_\_

### Event Budget Planning

Event: \_\_\_\_\_

Event Chair: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Purpose \_\_\_\_\_

Anticipated Attendance: \_\_\_\_\_ Will you charge for this event? \_\_\_\_\_ Yes \_\_\_\_\_ No

Adults \$ \_\_\_\_\_ Children 12 & Under \$ \_\_\_\_\_ Seniors over 54 \$ \_\_\_\_\_

Do you expect to make a profit \_\_\_\_\_ Yes \_\_\_\_\_ No Expected profit amount: \$ \_\_\_\_\_

Anticipated Costs for Event:

Facility	\$ _____	Catering	\$ _____
Travel	\$ _____	Honorarium	\$ _____
Tickets	\$ _____	Program	\$ _____
Decorations	\$ _____	Incidentals	\$ _____
Centerpieces, etc.		Microphone	\$ _____
Other (please explain)		Lectern	\$ _____
		Special linens	\$ _____
		Extra rooms	\$ _____

Total projected expenses: \$ \_\_\_\_\_

Do you need a contract from anyone regarding this event? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please note any special terms or conditions: \_\_\_\_\_

\_\_\_\_\_

***All contracts must be submitted to and signed by Trustee Yvonne Davis.***

Number of tickets which must be sold to cover all expenses: \_\_\_\_\_ \*

\*Total anticipated expenses/projected attendance = cost of ticket

Price which you would charge to cover expenses: \$ \_\_\_\_\_

Is this enough to offset all costs? \_\_\_\_\_ Yes \_\_\_\_\_ No

If there is no charge, how do you expect to cover costs? Please submit a **written** commitment from donor \_\_\_\_\_

Will you need a letter of tax exemption from SBC \_\_\_\_\_ Yes \_\_\_\_\_ NO

What additional requests do you anticipate that you will need from Trustees and/or other SBC ministries? (e.g., Ushers, Security, Faith & Health, etc.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_