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## RESERVATION FORM

### EVENT INFORMATION

Date(s): \_\_\_\_\_

Day(s) of Week: Su | M | T | W | Th | F | Sa

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

Sponsor: \_\_\_\_\_

Number of Expected to Attend: \_\_\_\_\_

Event Start Time: \_\_\_\_\_ AM/PM

End Time: \_\_\_\_\_ AM/PM

Set-up Time: \_\_\_\_\_ AM/PM

Clean-up Time: \_\_\_\_\_ AM/PM

Recurring event? YES / NO

If YES, please indicate the following:

Weekly: \_\_\_\_\_ Bi-Weekly: \_\_\_\_\_ Monthly: \_\_\_\_\_ Bi-Monthly: \_\_\_\_\_ Other: \_\_\_\_\_

### CONTACT INFORMATION

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_  
Street City State Zip Code

Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

### ROOM(S) RESERVING

Sanctuary \_\_\_ Bridal Room \_\_\_ Fellowship Hall \_\_\_ Fellowship Hall & Kitchen \_\_\_

Kitchen \_\_\_ Music Room \_\_\_ Gym & Kitchen \_\_\_ Gym \_\_\_ Picnic Shelter \_\_\_

Event catered? YES / NO

If YES, provide following information of caterer:

Business/Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### COST & FEES

Room Rental: \$ \_\_\_\_\_

Attendant Fee: \$ \_\_\_\_\_ (\$15/hr)

Deposit: \$ \_\_\_\_\_ Check # \_\_\_\_\_

*\*\$150 non-refundable deposit\**

Balance Due: \$ \_\_\_\_\_

Paid in Full: \$ \_\_\_\_\_ Check # \_\_\_\_\_

### FOR OFFICE USE ONLY

Date Submitted: \_\_\_\_\_

Availability: Yes / No

E-mail: \_\_\_\_\_

Clearance \_\_\_\_\_

Call Party \_\_\_\_\_

On Calendar \_\_\_\_\_

\_\_\_\_\_  
 Signature of person making request

\_\_\_\_/\_\_\_\_/\_\_\_\_  
 Date

*\*PERSON SIGNING IS SOLE CONTACT AND IS AGREEING TO BE PRESENT AND RESPONSIBLE FOR THE EVENT.*

NOTES: \_\_\_\_\_