PARAMOUNT BAPTIST CHURCH – RECREATION MINISTRY

FACILITY RESERVATION REQUEST FORM

Please complete and return to the Recreation Office.
(**Please include appropriate payment.** We accept cash, check, or money order.)

NAME _____ ORGANIZATION/GROUP _____

EVENT/ACTIVITY _____

DATE REQUESTED _____ TIME REQUESTED _____

ADDRESS _____ PHONE NUMBER _____

EMAIL _____ OTHER PHONE # _____

This Event/Activity is (check one): ___ church-related ___ personal/private (fee required)

AREA(S) REQUESTED:

___Activity Center/Preschool Play Zones (ACPZ & PSPZ)
___Children's Play Zone/Rm. B228 (CPZ)
___Gathering Place (GP)
___Game Room/Rm. 241 (GR)
___Kitchen – Bldg. B
___Gym (GYM) (half or full)

FEE SCHEDULE:

Birthdays/Private Events (sports teams, baby showers, etc.)

Play Zones -$30 for PBC members ($60 for all others)
Game Room -$40 for PBC members ($75 for all others)

Includes:
-Choice of one (1) area and adjacent party room.
-Two (2) hours of party time.
-Use of the Gym (if available)

For other events, please contact Wade Cavitt, Recreation Director @ (806)350-7234 or wade@paramount.org

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RESERVATION REQUEST POLICIES (**Please read and sign below**):

1. We will not be able to schedule reservations that conflict with a church-wide event, activity, conference, seminar, etc.
2. PBC members may receive approval for their reservation up to six weeks (42 days) in advance.
3. Non-members may receive approval for their reservation up to three weeks (21 days) in advance.
4. All parties will be contacted by the Recreation Director (or other PLT staff as necessary), in a timely manner, when their request has been approved/not approved.
5. Returning this form **DOES NOT** guarantee your reservation.
6. No confetti or shredded paper is allowed anywhere in the building.
7. All food and drinks MUST remain in the designated rooms at all times during your party.
8. **We reserve the right to cancel any party, at any time** (A refund will be given, if applicable).

****Please sign below as acknowledgement of reading and understanding these fees & policies.****

NAME _____ DATE _____

RECREATION OFFICE USE ONLY:

Reservation Approved (date) _____ Received By (Staff initials)_____

Payment Received: cash m.o. check #_____ Fee Amount _____