



FIRST BAPTIST CHURCH OF GUILFORD
USE of SPACE REQUEST/APPROVAL FORM SOP 2A
(COVID-19)

Ministry/Organization: _____

Name (Activity Coordinator): _____

Email: _____ Phone #: _____

Activity (i.e. Sunday school) _____

Time (Beginning and Ending of event): _____

Room Number: _____ (Approval based upon maximum occupancy/requirements)

Services needed (i. e. Custodian, AV Ministry): _____

Projected number of participants: _____

APPROVAL:

Robin Echols, Clerk Date _____

Susie Wright, Facilities Coordinator Date _____

William Crutchfield, Director of Operations Date _____

Please attach special directions and diagram of room set up.