



Trinity Baptist Church

8899 Trinity Road
Cordova, TN 38018
Phone: 901-759-5955
Fax: 901-759-9903

Trinity Recreation Gym Request Form

Today's Date: _____

All requests must be approved by staff. Requests will be presented during regularly scheduled staff meetings. You will be contacted as soon as your request has been approved or disapproved.

Your Event: _____

Name of Team: _____

Additional Description:

Date (s) of Event:

Request for: Gym

Event Starting Time: _____

What time will set-up need to begin in requested areas:

Event Ending Time: _____

Trinity member (adult) responsible for event:
(Trinity member must be present for entire event)

A deposit will be required at the time the request is turned in: \$40 per practice fee.

Name: _____

of practices (_____) X \$40 = \$_____

Address: _____

Make check payable to:

Trinity Baptist Church

City: _____ **State:** _____ **Zip:** _____

After the use of the gym, the facility is to be left in **GOOD CONDITION** for use immediately following the event. "Good condition" is left up to the discretion of the staff.

Contact Number:

If the gym is not left in "good condition," the remaining event dates may be cancelled.

Facility Agreement

I have read the procedures and notations stated in this agreement and agree to comply with them. I understand that, as the signer of this agreement, I am responsible for this event and the care of the facilities. **I will remain present the entire time of the event and will be available through the event contact number stated above.** I agree a thorough check and cleanup will be made of the Gym before departing to ensure the facility is cleaned, all garbage is removed from the site, no damage has occurred, and is ready for immediate use following the event. I will take on full responsibility for any keys/fobs given to me and will return them to the Church office within the time frame stated in this agreement. I understand that if I fail to return a key/fob, clean the facilities I use, damage occurs, and/or do not comply with this agreement and procedures of Trinity Baptist Church, I will forfeit the remaining event dates without recourse.

INITIAL (Church member) _____

RESERVATION SIGNATURE (Church member):

_____ Date: _____

RESERVATIONS MUST BE MADE AT LEAST TWO (2) WEEKS IN ADVANCE TO COORDINATE FACILITY MANAGEMENT. LESS THAN TWO WEEKS WILL BE FIRST COME, FIRST SERVE. RESTROOMS MAY OR MAY NOT BE OPEN. ALL RESERVATIONS MUST INCLUDE THE FOLLOWING:

- 1.) A COMPLETED GYM REQUEST FORM**
- 2.) A SIGNED FACILITY AGREEMENT**
- 3.) A CHECK MADE OUT TO TRINTIY BAPTIST CHURCH**
- **4.) A CERTIFICATE OF INSURANCE PROVIDED BY COACH FOR YOUR TEAM**

**The staff of Trinity Baptist Church would like to thank you for taking the time and effort to help us be good stewards of God's facilities so that many people can find fellowship with us.*

Gym Use after Hours and Weekends:

The Gym is used for Sunday School every Sunday. This Sunday School class is set up every Friday before 4:00 pm. If you use the Gym and need the Sunday space, you must RE-DO the area as it was. The Gym must be left clean and all bleachers in the upright position. Please use only the bathrooms in the lobby. Bathrooms are to be left clean. The same conditions are required of all areas of the church property.

Event approved by staff Yes No

Date _____