

Walnut Street Baptist Church
1143 South Third Street, Louisville, KY 40203
Phone: 502-589-5290 or Fax: 502-589-9323

Non-Member Calendar Activity Request Form (CARF)

Name of Function _____
Date(s) of Function _____ Beginning Time _____ Ending Time _____
Day(s) of Week _____ Approx # of People _____
Filled Out By _____ Date Filled Out _____

Contact Person _____ Phone _____
Address _____

On Campus Space to be Used:

Main Building _____ Sanctuary _____ Chapel _____ Rooms: _____
Education Building _____ Room(s) _____
Children's Building _____ Room(s) _____
Activities Building _____ Room(s) _____
Administration Building _____ Conference Room _____ Other _____
Other Facilities _____
If not on Church Campus, where will event be held? _____

Audio/Video Equipment Needs

A microphone and podium are provided in the Church Dining Room. Any other equipment needs must be supplied by the non-member.

Custodial: If event is after hours, need custodian to lock up? _____ YES _____ NO
Security for Parking Lot Needed? _____ YES _____ NO Number of hours needed _____

Person Responsible _____ Date _____
(Signature)

Approved By _____ Date _____
(Signature)

(Staff, Please initial to the right of each section that pertains to your ministry and return to church office ASAP)

(See back if set up and supplies are needed)

Food Service and Supplies Needed for Event

Food Service Director Needed? ___ Yes ___ No
 Do you have volunteers to help? ___ Yes ___ No
 Caterer Present? ___ Yes ___ No
 If yes, whom? _____ Phone _____ Time they will arrive _____

Paper Products:

Bowls	5oz _____	12 oz _____	Cups	6oz _____	8oz _____	12 oz _____
Napkins	_____		Plates	6" Styro _____	6" Plastic _____	Dinner _____
Stirs	_____		Utensils	Forks _____	Knives _____	Spoons _____
Tumblers	5 oz _____	9 oz _____	Table Cloth(s)	_____		

China Place Settings:

Plates _____	Dessert Plates _____	Cups/Saucers _____	Glasses _____
Flatware:	Forks _____	Knives _____	Spoons _____

Food Products:

Coffee:	Regular _____	Decaf _____	Creamer _____	Sweet and Low _____
	Tea _____	Milk _____	Sugar _____	Lemon Packets _____
Juice:	Orange _____	Grapefruit _____	Fruit Drink _____	Lemonade Drink _____

Room Set Up

Tables/Chairs/Podium/set up needed: ___ Yes ___ No
 If special set up is required, please explain or draw dia gram below: