

1225 R Street, NW

**Metropolitan Baptist Church**

Washington, DC 20009

Dr. H. Beecher Hicks, Jr., Senior Servant



**ACTIVITY SPACE  
REQUEST FORM**

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

Day of the Week Requested: \_\_\_\_\_

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

Organization Name: \_\_\_\_\_

Activity Requested: \_\_\_\_\_

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_ Expected Attendance: \_\_\_\_\_

Room Requested: \_\_\_\_\_

**SET UP INFORMATION**

# of Tables \_\_\_\_\_

# of Chairs \_\_\_\_\_

- Lecture/ Classroom
- Circle of Chairs
- Standing Reception

- Rehearsal
- Banquet
- Tables in U-shape

- Tables in Square shape
- Other: \_\_\_\_\_
- Food Service (see back page)

Details: \_\_\_\_\_

**SPECIAL REQUESTS**

- Microphone (where available)
- Flip Charts
- VCR (where available)
- Overhead Projector
- Other: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

- Check here if you want a confirmation e-mailed to you.  
Email address: \_\_\_\_\_
- Check here if you want a confirmation faxed to you. Fax #: \_\_\_\_\_
- Check here if you want a confirmation placed in your ministry's mailbox.

**FOR INTERNAL USE ONLY:**

Offsite    Food Services    Music Ministry    Audio/Visual    Special Set-up    After Hours

Ministerial Staff Approval: \_\_\_\_\_

Operations Staff Approval: \_\_\_\_\_

## PRELIMINARY FOOD SERVICE REQUEST

\*\* Completion of this form does not confirm your request.

- Table Selection:             Round                       Square
- Table Cloths:               Linen                         Paper
- Table Settings:           China                         Paper/Plastic
- Decorations:               Yes                             No

There will be an additional charge for decorations.

### MENU PREFERENCES:

- BREAKFAST                 Continental                 Buffet
- LUNCH                       Sit Down                     Buffet
- DINNER                     Sit Down                     Buffet
- RECEPTION

For menu selection contact Servant Chrissie Nash at [chrnash@earthlink.net](mailto:chrnash@earthlink.net) or via telephone at: 301-681-6285.

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### PRELIMINARY MUSIC / AUDIO VISUAL MINISTRY REQUEST

- Microphones (Sanctuary, Koinonia Hall, Founders' Retreat)
- Music Played (Sanctuary, Koinonia Hall, Founders' Retreat)
- Videotaped Event             Organist             Instrument: \_\_\_\_\_
- Audio taped Event             Pianist
- Powerpoint Presentation     Vocalist

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### PLEASE NOTE:

- ❖ These forms must be completed (6) weeks prior to the engagement you are planning. If not submitted at least (3) weeks prior, your event will not be approved.
- ❖ Submission of these forms does not imply an automatic approval of your event. Please do not submit your packet to the church office prior to obtaining an APPROVAL from the appropriate Ministerial Staff Member.
- ❖ Please include any special request or restrictions.

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## Copy Center Request Form

<b>Return to:</b>	<b>Telephone:</b>	<b>Location:</b>	
<b>Date &amp; Time Submitted:</b>	<b>Date &amp; Time Needed:</b>		
<b>Submitted By:</b>	<b>Telephone:</b>	<b>Number of Copies:</b>	
<b># of Originals:</b>		<b>Signature:</b>	

Paper Size	Paper Type	Finishing Type
<input type="checkbox"/> 8.5"x11" <input type="checkbox"/> 8.5"x14" <input type="checkbox"/> 11"x17"  Copy Originals <input type="checkbox"/> 1 sided to 1 sided <input type="checkbox"/> 1 sided to 2 sided <input type="checkbox"/> 2 sided to 1 sided <input type="checkbox"/> 2 sided to 2 sided	<input type="checkbox"/> Black and White <input type="checkbox"/> Color Copies <input type="checkbox"/> Color Transparencies  Charges: White Paper (Letter/Legal) 5 cents White Paper (11 by 17) 7 cents Color Paper: 5 cents Cardstock (any color): 5 cents Three-hole punch: 5 cents Double-sided: 10 cents (5 cents per side) Color printing: 20 cents Folding: 2 cents Paper supplied by patron: 3 cents (must be approved by Copy Center)  * Time frames do not include weekends	<input type="checkbox"/> Collate <input type="checkbox"/> Collate & Staple <input type="checkbox"/> 3-hole Punch <input type="checkbox"/> 3-ring Binders (Binders supplied by requester) <input type="checkbox"/> 2-hole Punch (Top Only) <input type="checkbox"/> Insert Tabs (Numeric Alpha) <input type="checkbox"/> Color Cover (Original to be supplied) <input type="checkbox"/> Saddle Stitch <input type="checkbox"/> Folding

**Special Instructions:** \_\_\_\_\_

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“Our Daily Bread”  
Request Form

Date submitted: \_\_\_\_\_

Issue Date(s) Requested: \_\_\_\_\_

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

Phone: (     ) \_\_\_\_\_  
(     ) \_\_\_\_\_

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**The deadline for submitting material is the Sunday prior to your requested issue date.**

If it is more convenient, you may submit requests via e-mail (to: [dailybread@metropolitanbaptist.org](mailto:dailybread@metropolitanbaptist.org)), or online from the Metropolitan Baptist Church Website ([www.metropolitanbaptist.org](http://www.metropolitanbaptist.org)).

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# TRANSPORTATION REQUEST

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

Requested By: \_\_\_\_\_

Organization: \_\_\_\_\_

Departure Date: \_\_\_\_\_

Departure Time: \_\_\_\_\_

Approximate Miles for the Trip: \_\_\_\_\_

Estimated Time of Arrival to Destination: \_\_\_\_\_

Complete Address of the Destination: \_\_\_\_\_  
\_\_\_\_\_

Number in Group: \_\_\_\_\_

Purpose of Trip: \_\_\_\_\_

Special Equipment Needed: \_\_\_\_\_

ALL REQUEST FOR TRANSPORTATION MUST BE SUBMITTED TO THE CHIEF OPERATIONS OFFICER TWO WEEKS PRIOR TO THE ENGAGEMENT.

Trip Assigned to: \_\_\_\_\_

Mileage: Beginning Odometer: \_\_\_\_\_

Ending Odometer: \_\_\_\_\_

Total Mileage: \_\_\_\_\_

Total Case: \_\_\_\_\_

Ministerial Approval: \_\_\_\_\_ Operations Approval: \_\_\_\_\_

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INCIDENT REPORT

Name of Complainant:	Address of Complainant:	Date of Report: _____ Time Received: _____ Age of Complainant: _____
Location of incident:	Date of incident occurred: _____ Time: _____	Reviewed by MBC: Yes ___ No ___

Notification: *Check all that apply*

Police  Name \_\_\_\_\_ Badge #: \_\_\_\_\_

Telephone: \_\_\_\_\_

Child Protective Services  Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Parents or Guardian  Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Senior Minister  Chief of Staff  Other  (please identify) \_\_\_\_\_

Report filed by: \_\_\_\_\_  
(Address) (Telephone)

Brief Description:

MBC Official Use: *Please circle* Date: \_\_\_\_\_

File Open      Follow-Up      Action Pending      Closed



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## INFANT DEDICATION REQUEST FORM

Please print legibly

Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ M \_\_\_ F \_\_\_ Place of Birth \_\_\_\_\_

Mother's Name \_\_\_\_\_ Member of MBC? \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mother's home telephone \_\_\_\_\_ Work \_\_\_\_\_

Father's Name \_\_\_\_\_ Member of MBC? \_\_\_\_\_

Father's home telephone \_\_\_\_\_ Work \_\_\_\_\_

Are you two married? \_\_\_\_\_ If not, co-habiting? \_\_\_\_\_

Name of person requesting dedication if not parent \_\_\_\_\_

Relationship to Child \_\_\_\_\_ Member of MBC? \_\_\_\_\_

How many godparents? \_\_\_\_\_ grandparents? \_\_\_\_\_

Would you like to use a photographer for this event? \_\_\_\_\_

### INFANT DEDICATION PRE-INTERVIEW QUESTIONS

1. What service do you attend on a regular basis? \_\_\_\_\_
2. What areas of the church are you serving in? \_\_\_\_\_
3. Are both parents committed Christians? If not, please describe your spiritual affiliation.  
\_\_\_\_\_
4. Do you support the Church with your tithes and offerings? \_\_\_\_\_
5. Are all of the persons you have selected as godparents committed Christians? If not, please describe their spiritual affiliation. \_\_\_\_\_

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## NAME/ADDRESS CHANGE REQUEST FORM

Envelope Number \_\_\_\_\_

*Please complete as much as possible*

### Old Name and Address

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_ Home  
\_\_\_\_\_ Work

### New Name and Address

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_ Home  
\_\_\_\_\_ Work

*Database Manager Only*

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

Changed by \_\_\_\_\_

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Prayer Request Form

Today's Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Member Name: \_\_\_\_\_  
Last Name First Name MI

Street Address \_\_\_\_\_

City State Zip code

Telephone (H): ( \_\_\_\_\_ ) \_\_\_\_\_

Best Time to Reach Member: \_\_\_\_\_ : \_\_\_\_\_ AM or PM

Please Check Type of Referral:

Acutely Ill (Recent Illness, Surgery)

Bereaved (Death)

Chronically Ill (Sick and Shut-in)

Additional Information about Member:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Person making referral:

\_\_\_\_\_  
Last Name First Name MI

Street Address \_\_\_\_\_

City State Zip code

Telephone (H): ( \_\_\_\_\_ ) \_\_\_\_\_

Best Time to Reach Requestor: \_\_\_\_\_ : \_\_\_\_\_ AM or PM