



# Equipment Request Form for Centerville Baptist Church

908 Centerville Turnpike • Chesapeake VA, 23322

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(Please Print Clearly)

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

<b>Requestor:</b>			
<b>Email Address:</b>		<b>Phone #:</b>	
<b>Address:</b>		<b>Emergency #:</b>	
<b>Relationship to Church:</b>	<input type="checkbox"/> Committee Member	<input type="checkbox"/> Church Member	<input type="checkbox"/> Organizational Leader
<input type="checkbox"/> PreSchool	<input type="checkbox"/> Extended Care	<input type="checkbox"/> Regular Attendee	<input type="checkbox"/> Other:

<b>Additional Contact Person(s):</b>	
<b>Email Address:</b>	<b>Phone #:</b>

<b>Loan Information</b>	
(Pick-up and return must be during office hours: Monday—Friday between 9:00am and 1:30pm)	
<b>Pick-up Date/Time:</b> _____	<b>Return Date/Time:</b> _____
<b>Location Equipment will be used at:</b> _____	

Equipment:	Quantity:	Size/Description/Comments
Rectangle Tables		
Chairs		
Slide Projector/Overhead		
Other		

**Equipment Agreement:**

- Request must be made at least 2 weeks prior to pick-up date.
- Request approval may take up to 5 business days.
- Equipment must be picked up by the requesting person and returned by requesting person.
- Centerville Baptist Church is not liable for any injuries or damages that occur while equipment is in your possession.
- Requestor is responsible for fixing/replacing any and all damaged equipment.
- Equipment is not be left outside at any time and is to be transported in safe manner.
- A deposit check is required upon pick-up and will be returned when equipment is returned damage free.
- Equipment **MUST** be picked up during church office hours 9:00 a.m.—1:30 p.m, Monday-Friday.

*I, the undersigned, have read and fully understand the policies and regulations for use of Centerville Baptist Church property and agree to follow all rules and regulations.*

\_\_\_\_\_ Requestor Signature

<b>OFFICE USE ONLY</b>	
<input type="checkbox"/> Equipment approved (Date) _____	Approved by: _____
<input type="checkbox"/> Equipment disapproval reason: _____	

<b>Picked Up:</b> (Date/Time) _____	<b>Returned:</b> (Date/Time) _____
(Print) _____	(Print) _____
(Signature) _____	(Signature) _____

# Fee Schedule for Equipment Replacement

Effective 8/2014

## TABLES

8 foot nesting table rectangular

Replacement cost: \$125 per table

6 foot nesting table rectangular

Replacement cost: \$100 per table

5 foot round table

Replacement cost: \$125 per table

## CHAIR FOLDING

Replacement cost: \$35 per chair

## AUDIO VISUAL EQUIPMENT

Projector

Replacement cost: \$1500

Projector Bulb

Replacement cost: \$400

Projector Screen

Replacement cost: \$300

Podium

Replacement cost: \$250

I have read and understand that I will accept full liability for replacing the items utilized at the prices indicated above if the items are damaged. A \$150 deposit will be required at the time of pick-up and will be returned when all items are returned and free of damage.

\_\_\_\_\_  
Signature

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

Day/Date/Time to be returned: \_\_\_\_\_