

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

**Second Baptist Church**  
Reverend Mark J. Lyons, Pastor

**Meeting/Activities Room Request From**

To be completed at least one week prior to date. Please give to  
Ms. Audrey M. Lucas, Church Administrator

Organization's Name: \_\_\_\_\_

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

Approximate number of people attending: \_\_\_\_\_

Starting Time: \_\_\_\_\_ Ending Time: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

If you need media technology, please fill out the Media Ministry form.

Do you need a special set-up? If so, please specify \_\_\_\_\_

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