



# APPLICATION FOR RESOURCES/MEDIA KITS

## Religious Education Department

Utah-Idaho Southern Baptist Convention  
(This form must be fully completed)

Date of Application \_\_\_\_\_

Name of Church \_\_\_\_\_

Pastor \_\_\_\_\_

Mailing Address \_\_\_\_\_

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

E-mail \_\_\_\_\_

Request Date Of Use:

First Choice: From \_\_\_\_\_ To \_\_\_\_\_

Second Choice: From \_\_\_\_\_ To \_\_\_\_\_

Title of Kit you are requesting:

First Choice: \_\_\_\_\_

Second Choice: \_\_\_\_\_

**DUE TO DEMAND, KITS CANNOT BE CHECKED OUT FOR MORE THAN 15 WEEKS.**

Person Responsible for the Resource/Media Kit:

Name \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_

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

Telephone: Area Code \_\_\_\_\_ Number \_\_\_\_\_

E-mail \_\_\_\_\_

We, the undersigned, have read and understand the policies and responsibilities for the use of the Resource/Media Kits of the Utah-Idaho Southern Baptist Convention. We make application for the use of the Resource/Media Kits with the assurance that we assume responsibility for complying with the policies. Our check number \_\_\_\_\_ for \$35 to cover our deposit is enclosed. We understand that we are responsible for the full cost of replacing any kit/media we checkout if it is not returned. If the kit is returned on time and undamaged, our deposit will be fully refunded.

Signed \_\_\_\_\_

(Pastor)

Date \_\_\_\_\_

Signed \_\_\_\_\_

(Person Responsible for Kit)

Date \_\_\_\_\_

Return to: Debbie Chidester  
Utah-Idaho SBC  
P O Box 1347  
Draper, UT 84020-1347

[dchidester@uisbc.org](mailto:dchidester@uisbc.org)

(801) 572-5350