

Center for Hope Ministries

Facility Request Form

In order to reserve use of the facility please fill out the information below. Your request will be processed and confirmed within one week. However please note this does not guarantee approval.

Today's Date: _____

Name of Auxiliary / Ministry: _____ Leader: _____
Contact Person: _____ Contact Phone: _____ Email: _____

Circle Day of Week Requested: SUN M T W TR FR SA

Name of Event _____ Date of event/meeting: _____

Start time of Event: _____ End time of Event: _____

What time will you need the doors opened? _____ Expected attendance: _____

Room(s) needed for your event:

Sanctuary Fellowship Hall Nursery Classroom 1- 2 /Both Library

Kitchen *kitchen use **for Authorized use ONLY!**

Kitchen *Hospitality service needed! (**Please note:** You MUST see Hospitality Director prior to event)

Equipment needed:

Podium w/ microphone Microphone w/stand _____ Instruments

Sound System * **Authorized use ONLY!** Other _____

Church Vehicles (Please submit a Vehicle Request Form)

I, _____, will be responsible for the use and care of the facility. I will check in and out of the facility with designated Deacon/Security. I will be responsible for: (1) leaving the room(s) in order; (2) disposing of trash; (3) if kitchen is used, it shall be cleaned; (4) if supplies are used, they shall be put back in their designated storage areas. **DO NOT SIGN BELOW, UNTIL YOU READ THE ABOVE STATEMENT.**

Signature: _____ Date: _____

For Office Use Only

Date Received: _____ Approved: ___Yes ___No

Reason Denied: _____

Modifications & Comments: _____

Copies Forwarded to: ___Deacons ___Security _____Other

Signature: _____ Date: _____

Center for Hope Ministries

Event Request Form

Please complete this request 7 business days prior to the event date,
and return it to the receptionist's mail box.

Today's Date: _____

Name of Auxiliary / Ministry: _____	Leader: _____	
Contact Person: _____	Contact Phone: _____	Email: _____

Name of Event _____ Location: _____

Date requesting: _____ Start time of event: _____ End time of event: _____

Are vans or authorized drivers needed? _____ If yes, please be sure to submit a Vehicle Use Request Form.

Description and purpose of event: _____

Who is the event designed to reach? _____

Plan of Action: (How will this event be organized?) _____

What other Ministries will be involved to ensure the success of this event? Please specify: _____

Request submitted by: _____ Date: _____

YOU MUST HAVE YOUR DIRECTOR'S SIGNATURE BEFORE SUBMITTING

Director's Signature: _____ Approved: yes no

Please allow one week for the process and response of your request:

*If you need to use the church building for this event you must also fill out _____
Facility Request Form

For Office Use Only

Date Received: _____

Approved: Yes No

Reason Denied: _____

Modifications & Comments: _____

Copies Forwarded to: Deacons Security Other

Signature: _____

Date: _____