

HOPE COMMUNITY CHURCH

Ministry Form

Ministry Event _____ Date: _____

Location: _____

Time: Beginning _____ End: _____

Purpose: _____

Leadership (Person(s) Responsible: _____

Speakers/Teachers/Performers: _____

Topics/Materials: _____

Agenda: _____

Approval: _____ Date: _____

*This form must be completed and returned to the church office upon acceptance of building usage at least 2 weeks prior to the scheduled event.