

REQUEST FOR FACILITIES USE AT HOPE COMMUNITY CHURCH

Reservation Date: _____ Start Time: _____ Finish _____

FEES: CLASS ROOM - \$25 YOUTH ROOM - \$25 WORSHIP ROOM - \$50

Reservation will not be scheduled until fees are paid.

Type of Event: _____

Responsible Party Name _____

Address: _____

Phone Numbers: _____

Regular Attendee of Hope? (please circle one) Yes No

If not, who is someone in your party that is a Hope member who will be the responsible person?

Name: _____ Phone Numbers _____

PLEASE NOTE THE FOLLOWING:

1. All events will be considered on an individual basis and the fees may be subject to change depending upon membership, size of event, and use of the facilities.
2. Set up and clean up is the responsibility of the party reserving the facility.
3. Prior to the event, contact Larry Cox, Director of Facilities, to get access to the building, coordinate usage of tables and chairs, and for instruction regarding use of kitchen equipment.
4. Due to staining problems, please no cakes or beverages that contain red or orange dye.
5. Responsibility for any damages that occur during the event is yours. If damage occurs, contact the Director of Facilities, (640-9128,) or the church office, (858-9100) immediately.

I/We agree with the above policies and assume responsibility for use of the facilities during this event. I/we further understand that failure to contact the Director of Facilities prior to the event may result in furnishings and equipment not being available.

Signature of Responsible Party

Today's Date

For office use: \$ _____ check/cash received for _____ room.

Payment received by _____ Date _____

