

Request for Facilities use at Hope Community Church

Today's Date _____

Date & Time Facility _____

Name of Responsible Party _____

Home Phone _____ Mobile _____ Work _____

Address _____

Type of Event _____

Are you a regular attendee at Hope Community Church? Yes No (Circle One)

If not, is there someone in your party who is and will be responsible? Yes No

Name _____

Address _____

Recitals, receptions, family reunions, funeral dinners, bridal/baby showers, birthdays, graduation, etc., will be considered on an individual basis. The fee for these events starts at **\$25.00 (for the Youth Room/Classrooms, etc.) \$50.00 (for the Worship Center)** depending on membership, size and activity.

Set Up and Clean Up is the responsibility of the person presiding over the event in coordination with the Director of Facilities (DOF). **You MUST contact the DOF PRIOR to your event to make arrangements for the use of tables, chairs, etc., and receive special instructions. You will not be allowed to serve any beverage, cake, icing, etc., which contains any orange or red dye.**

You are responsible for any damages, which occur during your event. If damages occur, the Director of Facilities (640-9128) and the church office (858-9100) **MUST be notified immediately** in order to make arrangements for repairs and/or payment.

Please enclose your payment of \$25.00 or \$50.00 (depending on which room you reserve) to the Church office as soon as possible. **Your requested date/time will not be scheduled until payment is received in full.**

I/We agree with the above policy and assume all responsibility and acknowledge all conditions as set forth above. I further understand that failure to contact the DOF prior to my event may result in furnishings, equipment, and facility not being available.

Signature of Responsible Party

Signature of Responsible Party

**For Office use Only - \$_____ fee received on _____ for room _____
_____ (authorized person initials)**