

FACILITIES USAGE REQUEST FORM
FOR INTERNAL MINISTRIES
EMAIL REQUEST TO: FACILITYREQ@HMBCHURCH.NET

Ministry Name: _____ Date of Request: _____

Ministry Leader: _____ Daytime Phone: _____

Submitted By: _____

Email Address: _____

Function: _____

Facility/Vehicle Desired: _____ Transport Location: (150 miles max.) _____

Date Desired/Frequency: _____ One time Weekly Monthly (circle one) End date: _____

Start Time: _____ End Time: _____ Addt'l Set Up Time: _____

Anticipated Attendance: _____ Will an offering be collected: Yes / No (circle one)

(Transport passenger minimum: 6 persons)

Resources needed: Kitchen Facilities: Yes / No Dining Resources: Yes / No

Chairs: _____ Qty. Tables: Round _____ Qty. Square _____ Qty. Microphone: _____ Qty.

Podium: _____ Screen: _____ Audio/Visual Assistance: Yes / No (circle one) Time Needed: _____

Music Worship & Creative Arts Ministry Resources: (fees may apply)

Dance Ministry: _____ Drama Ministry: _____ Levites Praise Team: _____ Musician(s): _____

Mime Ministry: _____ Soloist: _____ Teen Praise Team: _____ United Voices of Hope: _____

United Voices of Hope Men Choir: _____ WOW Youth Choir: _____

Additional information: _____

Usage of all facilities is a privilege extended to all members and ministries for the sole purpose of ministering to the Body of Christ. Just as usage is a shared privilege, care and maintenance are also shared responsibilities. Each ministry and its members are required to embrace and assist in this philosophy. The following conditions apply: (a) Hopewell will provide a clean, safe and usable space/vehicle only for the time agreed, (b) the ministry will be responsible for returning the space/vehicle in the same condition it was received, (c) all ministries are required to clean up after their activities and (d) all ministries are required to follow times listed above. Requestor must call to advise in the event of cancellation. Space/vehicle will be assigned according to the number of people scheduled to attend the activity.

As requestor of the facility(s), I acknowledge and agree to the conditions listed above.

Signature

Date