

FACILITY USE FORM

Name of Group/Individual: _____
Responsible Person/Contact: _____
Address: _____
Email: _____ Cell Phone: _____
Event/ Purpose: _____
Date(s) Requested: _____ Start Time: _____ End Time: _____
Frequency: ___ One Time Only ___ Weekly ___ Monthly ___ Other
Which day of the week: ___ Mon ___ Tue ___ Wed ___ Thurs ___ Fri ___ Sat ___ Sun

General Information

Describe *IN DETAIL* the type of event you will be bringing to our facility, including number of participants. Use back of sheet if needed.

Rooms Requested:

___ Computer Lab
___ Classroom
___ Individual meeting rooms
___ Family room
___ Kitchen
___ Training Room
___ Other (list: _____)

Anticipated Number of Participants: _____ Will food or drink be consumed? _____
Special Needs or Requests:

Equipment Needs:

___ Large Screen	___ Chairs:	# _____
___ Overhead Projector	___ 6 Foot Tables:	# _____
___ TV	___ Food Serving Tables:	# _____
___ DVD Player	___ Paper items/utensils	
___ Reception Table at Entrance	___ Other: _____	
___ Microphone and Lectern		

Certificate of Insurance Requirements - Non-ministry groups may be required to provide certificates of insurance naming Sharing Hope Ministry as additional insured. A certificate should be turned in to the main office at least a week before the first use. For continuing usage, the form should be renewed annually.

Fee Arrangement

The parties understand that the fee for each use of the building will be \$_____.
A deposit of \$_____ will be required prior to the event and will be refunded after the room has been returned to its original condition and checked by a staff member.