

Master Calendar Form & Facility use Request



(check one)

- Facility Use Requested
- Off-Campus Event – No Church Facility Needed.

Location: _____

Day & Date of Event _____ Time of Event: From _____ to _____

Set-Up Date _____ Set-Up Time _____ Estimated Attendance _____

Name of Event _____

Contact Person _____

Mailing Address _____

Home Phone () _____ Business Phone () _____

Standing Events Only:

Beginning Date _____ Final Date _____

Exceptions _____

Additional Event Information: (check one) Church Sponsored Community Sponsored Private

Further Description and Purpose of Event (only if not church sponsored);

Room (S) Requested

- Sanctuary
- Fellowship Hall
- Adult Ed Room
- Youth/KK Room
- Classroom _____
- Kitchen
- Royal Ranger Room
- Nursery

Equipment We Will Use (check all that apply)
(you are responsible for procurement and return of the equipment)

- Tables – Long _____
- Tables – Round _____
- Chairs _____
- Sound System
- Podium
- Screens
- Piano
- Linens

Arrangements for nursery care must be approved through the church office (248) 886-1500.

For events not occurring during regular business hours, arrangements must be made for building key checkout. Call the church office (248) 886-1500.

NOTE: You are responsible for your own set-up and take-down.

New Hope Christian Fellowship
6020 Pontiac Lake Rd. – Waterford, MI 48327
(248)886-1500 Fax (248) 886-1501

Office Use Only: \$ _____ Charge for Event _____ Explanation: _____

Date Rec'd _____ Approval: _____ (Calendar Assignment) Placed on Calendar: _____