

**NEW HOPE'S OFFICE IS OPEN:
MONDAY-FRIDAY, 8:00 AM-4:00 PM
OUR OFFICE PHONE NUMBER IS (317) 888-4673**

FACILITY USE FORM

Complete and return to the Office when requesting a room.

Responsible Person Information

Today's Date: _____

Name: _____

Day Phone #: _____ Evening Phone #: _____

Address: _____

_____ (city) _____ (zip)

Event Information

Event/Purpose: _____

Number of People: _____

Name of Insurance: _____
(Certificate of Liability may be requested for sporting events.)

Room Information

Begin Date	Day of Week	Daily	Weekly	Monthly	Ending Date
	Set-Up Time	Begin Time	End Time	Clean-up Time	Room(s)

I realize it is my responsibility to follow the Facility Use Guidelines and I agree to the fee.

Signature: _____

Fee: \$ _____ (See Fee Schedule)

Approval: _____

Equipment Needs:

Tables: # Round _____ # 6 ft long _____ # 8 ft long _____

Chairs: # Folding _____ TV/VCR: Yes _____ TV/DVD: Yes _____

Overhead: Yes _____

Sound System : Yes _____ (Contact AV Team Leader)

Set-Up Arrangements: _____

Food Plan:

Is food being served?

Kind _____

Does Kitchen Facility need to be used? Yes _____

Are drinks being served? _____ (No alcohol or drinks with red dye)

Kind _____ Coffee Pot Needed? Yes _____

Child Care Needs:

Is child care needed? Yes _____ (For church sponsored events ONLY)

Number of children anticipated _____ Age Range _____



Reflecting Jesus by participating in God's work!