

Building Use Request *at* HCF

- Complete this form and submit it to the church office.
- Once received - the office staff will contact you to confirm tentative date.
- Date will be finalized when deposit is received.



Hope Christian Fellowship
www.revealjesus.com

13320 State Route 7 ▪ Lisbon, Ohio 44432

Building Use Request

It is our desire that all who would use the HCF facilities be mindful of their personal responsibility in being a good steward for that which God has so wonderfully provided.

- Complete this form and submit it to the church office
- Once received - the office staff will contact you to confirm tentative date.
- Date will be finalized when deposit is received.

Select One:

- ___ Building & Grounds Refundable Deposit: \$400 (minus fees)
- ___ Auditorium & Kitchen Area
 Refundable Deposit: \$200 (minus fees)
- ___ Meeting Room & Kitchen Area
 Refundable Deposit: \$50 (minus fees)
- ___ Other: HCF Leadership Use Deposit waived

Select only the facility area(s) you are requesting:

- ___ Entire Building & Grounds
- ___ Exterior Grounds (other than parking)
- ___ Auditorium (Seats 300)
- ___ The Stage * (MUST obtain permission from Jim Bean)
- ___ Meeting Room (Seats 50-60)
 Offers: Rectangular Tables 8' (8 available)
 Round Tables (10 available)
- ___ Kitchen Area
 Offers: Refrigerator Coffee Urns (3)
 Microwave Ovens (2) 5 Gallon Drink Urns (3)
- ___ Welcome Center
- ___ Outer Office Area*
- ___ Nursery*
- ___ Classrooms*

***Use requires ministry leader approval.**

PLEASE NOTE:

The following applicable fees* will be deducted from the deposit and a refund check will be issued only after all areas are appropriately cleaned and restored.

FACILITIES USE FEE:

NO CHARGE

PERSONNEL FEES: (Select those desired)

CUSTODIAN FEE *Required*** \$50*
(Additional \$10.00* for each hour over 5)

AUDITORIUM USE ONLY:

____ Sound Technician Fee \$50*
(Additional \$10.00* for each hour over 5)

____ Multi-Media Technician Fee \$50* ♦
(Additional \$10.00* for each hour over 5)

____ Stage Cleared and re-set \$50*

____ Auditorium Chairs(Moved and re-set) \$50*

**** Unless a person authorized by HCF assumes responsibility a custodian/technician must be present.**

**** The custodian will NOT be held responsible for cleaning unless previous arrangements are made. The custodian's responsibility is building security and assuring the availability of appropriate cleaning supplies and equipment to the responsible party.**

♦ If you need to use the multi-media computer & projector, ADVANCE arrangements must be made with Karen Ross (330-385-4673, ext 22).

(over)

OFFICE PERSONNEL ONLY:

Deposit amount of \$ _____

Circle one: Cash / Check # _____

Was received by: _____

Date: _____

HCF FACILITIES USE AGREEMENT

Responsible Individual's Name

Address: _____

Phone: _____

Purpose for facility request: _____

Date(s) requested for use: _____

Start time (Doors unlocked) _____

End time (Estimated) _____

Liability Waiver

The following signature indicates the party claiming responsibility for building/grounds during its use and all participants under supervision and/or having equal participation of the building/grounds relative to the same use, here within relieves Hope Christian Fellowship from all liabilities in the event of any injury or illness incurred while visiting the premises.

Date: _____

Organization: (If Applicable)

Signature