

HUNTERDON CHRISTIAN CHURCH

FACILITY & EQUIPMENT USAGE REQUEST FORM

POLICY STATEMENT:

1. Church facilities and equipment are primarily for ministry/membership use, outside groups must obtain permission from the Elders.
2. You must submit a Facility Usage Request Form to use church rooms or equipment.
3. Once the form is submitted, your request will be reviewed to determine availability on the church calendar.
4. Once your request has been approved you will be contacted and the form returned to you.
5. Upon completion of your event, you must complete the checklist at the bottom of the form and re-submit the form to the Office Manager.
6. Sound equipment in the worship area, and/or fellowship hall is **NOT** to be removed or disconnected for any reason. **Use of sound equipment is only as authorized below.**
7. Failure to re-set the room or clean up the room properly after your event may result in the suspension of room or equipment usage privileges for you and/or your ministry group.

COMPLETION INSTRUCTIONS:

1. Record your name, today's date and your ministry group or outside group on the appropriate lines.
2. Record the event & number of people attending the event on the appropriate lines.
3. Record the room needed and draw a layout of chairs and/or tables on the back of the form.
4. Indicate the equipment needed by checking the appropriate box(es) and recording necessary specifics.
5. Record the date and time you need the room/equipment on the appropriate lines.
6. Submit the form to the Church Office Secretary. Availability will be checked against the church calendar and you will be contacted as to approval/disapproval. A copy of the form will remain on record and the original will be given back to you.
6. After the event, complete the Cleanup Checklist below, sign the form, and re-submit the form to the Church Office Secretary.

REQUESTED BY _____ **TODAY'S DATE** _____

GROUP _____ **CONTACT PHONE #** _____

EVENT _____ **# OF PEOPLE** _____

ROOM(s) NEEDED (# or name) _____ **(layout on back of form)**

EQUIPMENT NEEDED: **Chairs # of** _____ **Tables # of** _____

Sound equipment (specify) _____

Other (specify) _____

DATE NEEDED _____ **TIME NEEDED: From** _____ **To** _____

CLEANUP CHECKLIST

- Re-set room to required specifications (if applicable – **SEE BELOW**)
- All papers, trash, and personal items removed
- Floor vacuumed
- Kitchen area cleaned and items returned to appropriate place (if applicable)

MINISTRY LEADER/RESPONSIBLE PARTY SIGNATURE _____

(OFFICE USE ONLY)

ROOM RE-SET SPECIFICATIONS _____

APPROVED BY _____ **DATE** _____