Master Calendar Form

(check one) ☐ Facility Use Req ☐ Off-Campus Eve	lity use R uested int – No Church Facility Needed.	Bulletin Calendar Only
Day & Date of Event		
Set-Up Date	Set-Up T	Cime Estimated Attendance
Name of Event		
Contact Person		
Mailing Address		
Home Phone ()		Business Phone ()
	eginning Date	Final Date
Further Description and Pu Room (S) Reques	urpose of Event (only if not church spo	Equipment We Will Use (check all that apply)
rtoom (s) rteque.		(you are responsible for procurement and return of the equipment)
Sanctuary	Classroom	
Fellowship Hall	Kitchen	Tables – Long Podium
Sr. High Room	Royal Ranger Room	Tables – Round Screens Chairs Piano
Adult Ed/KK Room	Nursery	Chairs Piano Sound System
Arrangements for nurser be approved through the	y care must church office (248) 886-1500.	For events not occurring during regular business hours, arrangements mube made for building key checkout. Call the church office (248) 886-1.
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 I	Explanation:

_____ (Calendar Assignment) Placed on Calendar: ___

DATE FORM TURNED IN: