

Hope Community Church
4700 S. Folsom
Lincoln, NE 68523
402-423-8855

Current Date: _____ Event Date(s): _____

Event Description: _____

Group Size: _____ Start Time: _____ End Time: _____

Set-up Time Needed: _____ Clean-up Time Needed: _____

<input type="checkbox"/> Single Event	<input type="checkbox"/> Recurring Event	<input type="checkbox"/> HCC Related Event
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Rooms Requested (check all that apply)		
<input type="checkbox"/> Worship Center	<input type="checkbox"/> Atrium	<input type="checkbox"/> Kitchen
<input type="checkbox"/> Conference Room	<input type="checkbox"/> Nursery	<input type="checkbox"/> Classroom 1
<input type="checkbox"/> Classroom 2	<input type="checkbox"/> Classroom 3	<input type="checkbox"/> Classroom 4
<input type="checkbox"/> Classroom 5	<input type="checkbox"/> Classroom 6	<input type="checkbox"/> Children's Wing
<input type="checkbox"/> Other:		

Contact Information	
Primary Contact Name:	
Email:	
Phone:	<input type="checkbox"/> HCC Member
Secondary Contact Name:	
Email:	
Phone:	<input type="checkbox"/> HCC Member

Kitchen Reservation (check all that apply)			<input type="checkbox"/> N/A
<input type="checkbox"/> Full use of kitchen	Start Time:	End Time:	
<input type="checkbox"/> Serving Only	Start Time:	End Time:	
<input type="checkbox"/> Catered Event	Caterer Name:		
If event is not to be catered, please describe what the kitchen space will be used for:			
<input type="checkbox"/> Other:			
<input type="checkbox"/> I agree to clean up after the event as required per the Kitchen Checklist.			

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Equipment/Set-up/Clean-Up Requested (check all that apply) <input type="checkbox"/> N/A		
<input type="checkbox"/> Tables	Number:	Location:
<input type="checkbox"/> Chairs	Number:	Location:
<input type="checkbox"/> TV/DVD	Number:	Location:
<input type="checkbox"/> Laptop	Number:	Location:
<input type="checkbox"/> Projector	Number:	Location:
<input type="checkbox"/> Custodial Services	<input type="checkbox"/> Set-up	<input type="checkbox"/> Tear Down/Clean-up
<input type="checkbox"/> Other:		
<input type="checkbox"/> Food will be provided/brought in for this event.		
<input type="checkbox"/> No Custodial Services Requested. I agree to clean up after the event as required per the Clean-up Checklist.		

Nursery Reservation <input type="checkbox"/> N/A	
Approximate Number of Children:	
<input type="checkbox"/> I agree to have 1 adult (18 years or older) present for every 5 children attending.	
<input type="checkbox"/> I agree to clean and put away the equipment as required per the Nursery Checklist.	
<input type="checkbox"/> Other:	

Technical Support (check all that apply) <input type="checkbox"/> N/A		
<input type="checkbox"/> Technical Support Staff (Rehearsal)	Arrival Time:	Departure Time:
<input type="checkbox"/> Technical Support Staff (Event)	Arrival Time:	Departure Time:
<input type="checkbox"/> Meal(s) will be provided for technical support staff in the event of an event with meals.		
<input type="checkbox"/> Soundboard	<input type="checkbox"/> DVD/Video	<input type="checkbox"/> Music/CD
<input type="checkbox"/> Microphones	<input type="checkbox"/> Laptop	<input type="checkbox"/> Speakers
<input type="checkbox"/> Videographer	<input type="checkbox"/> Vocalists	<input type="checkbox"/> Instrumentalists
Instrument Type and Number:		
<input type="checkbox"/> Other:		
Please provide any additional details regarding technical and sound support:		

Facility Reservation Form

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<input type="checkbox"/> I have read and understood the financial information.			
<input type="checkbox"/> I agree to follow all of the policies of Hope Community Church.			
<input type="checkbox"/> I have included my nonrefundable deposit of \$_____ which will be applied toward the final bill.			
<input type="checkbox"/> I understand that receipt of this form will place my event on the church activity calendar after the Event Coordinator confirms availability of the necessary support personnel and the Deacon Board approves the event.			
Signature:		Date:	

Office Use Only	
Event Coordinator:	Deacon Approval Date:
Reservation Entered By:	Deposit Received:
Support Personnel Assigned	
Pastor:	Technical:
Custodial:	Kitchen:
Children's Wing:	Other: