

# New Hope Presbyterian Church Building Use Request

Please complete and return to: 12550 Brooks School Rd Fishers, IN 46037,  
jill@newhopefishers.org, Fax 317-842-8669

Today's date \_\_\_\_\_

Date(s) needed (attach a list if necessary) \_\_\_\_\_

Time needed \_\_\_\_\_

Frequency of usage \_\_\_\_\_

Name of group or individual requesting use \_\_\_\_\_

Purpose/Event \_\_\_\_\_

Number of people attending: Est. Total \_\_\_\_\_ # Adults \_\_\_\_ # Children \_\_\_\_ # Infants \_\_\_\_

Name and Title of contact person \_\_\_\_\_

Phone \_\_\_\_\_ Alternate/cell phone \_\_\_\_\_

Email address \_\_\_\_\_

Alternate contact name \_\_\_\_\_ Phone \_\_\_\_\_

Type of space needed: (please check all that apply)

\_\_\_\_ Large classroom (youth room)      \_\_\_\_ Nursery Room      \_\_\_\_ Church Grounds  
\_\_\_\_ Large conference room (café)      \_\_\_\_ Sanctuary      \_\_\_\_ Halls  
\_\_\_\_ Small conference room (library)      \_\_\_\_ Kitchenette      \_\_\_\_ Other: \_\_\_\_\_

Connection or affiliation to church: (please check all that apply)

\_\_\_\_ New Hope church group/team/ministry      \_\_\_\_ For profit business usage  
\_\_\_\_ New Hope member(s) part of group      \_\_\_\_ Non-profit group usage  
\_\_\_\_ Friends of church member: \_\_\_\_\_      \_\_\_\_ Neighbor/Other-please specify: \_\_\_\_\_  
\_\_\_\_ Faith based organization  
\_\_\_\_ Community group/school/service

Is the church custodian needed to set up or clean up after your event?      Yes      No

Are you willing to pay expenses or make a donation?      Yes      No

Does your group carry insurance for any accidents or damage that may occur?      Yes      No

Insurance carrier name \_\_\_\_\_

(Organizations may be requested to supply a certificate of insurance prior to usage)

Please include any other additional information that may help the church understand your needs and event.

\_\_\_\_\_  
\_\_\_\_\_

## Church response from Buildings and Grounds Team-church use only

Notes \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Rental cost or cost to cover custodian and normal wear \_\_\_\_\_

Approved \_\_\_\_\_

Not approved \_\_\_\_\_

Response to group on: \_\_\_\_\_

On master calendar \_\_\_\_\_

Bldg. & Grounds Team Leader: \_\_\_\_\_

Pastoral approval: \_\_\_\_\_