

**Hopewell Moravian Church Christian Life Center
Church Member Reservation Form**

Name _____ Home Phone Number _____
Cell Phone Number _____

Date Requested _____ Date Confirmed _____
(in advance prior to event)

Hours of Usage _____

Type of event _____

Verify that the following has been done before leaving:

- Floors swept _____
- Tables put away _____
- Chairs put away _____
- Trash cans empty _____
- Dishes put away _____
- Kitchen counters and appliances clean _____
- Appliances turned off _____

Date Received _____ By _____