

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

Name_____

Address_____

City_____ State_____ Zip Code_____

E-mail Address_____

Home Phone Number_____

Cell Phone Number_____

Date Requested_____

Date of Event_____

Date Confirmed_____

Hours of Usage_____

Type of Event_____

Rules and Regulations received, read and accepted. Date_____

\$100.00 Fee for Usage Paid. Date_____

Security Deposit \$50.00 Paid. Date_____ (Returned within 7 days)

CLC Committee for this date_____

Verify that the following has been done before leaving:

Floors Swept	_____
Tables put away	_____
Chairs put away	_____
Trash bags placed in dumpster	_____
Trash cans empty	_____
No food left in refrigerator/freezer	_____
Dishes put away	_____
No paper products used	_____
Kitchen counters and appliances clean	_____
Appliances turned off	_____

Responsible Party's Signature_____ Date_____