

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

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____

E-mail _____ Cell phone number _____

Date Request Made _____ Date Confirmed _____
(in advance prior to event)

Date of Use _____

Hours of Usage (Begin and end time) _____

Type of Event _____

Rules and Regulations reviewed & copy given _____ Date _____

Fee for usage \$200.00 Date Paid _____

Security Deposit \$50.00 Date Paid _____ (returned within 7 days after
the event)

CLC Committee member for this date _____

Floors swept	_____
Tables put away	_____
Chairs put away	_____
Trash cans empty	_____
Trash bags placed in dumpster	_____
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 _____