

**Hopewell United Methodist Church  
Facilities Request Form  
Authorized by: Trustees Board**

Name of Organization requesting facilities:

\_\_\_\_\_

\_\_\_\_\_

Is this organization a part of Hopewell UMC? ( ) yes ( ) no

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

**Facilities being requested:**

- ( ) Sanctuary
- ( ) Sunday school Classrooms
- ( ) Office Areas
- ( ) Kitchen
- ( ) Outside areas of the church
- ( ) Restrooms
- ( ) Pavilion
- ( ) Other --

Reason for request: \_\_\_\_\_

\_\_\_\_\_

Date and Time frame facilities are needed: \_\_\_\_\_

\_\_\_\_\_

\*\*\*\*\*

**For use by Trustees Board**

- ( ) Approved
  - ( ) Approved with the following provisions: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

( ) Rejected for the following reasons: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Trustee Board Chairman Signature

\_\_\_\_\_  
Date of decision