## APPLICATION FOR USE OF CHURCH FACILITIES HOPE VALLEY BAPTIST CHURCH

Space	(s) to be used		Beginning Time	Ending Time	
Date(s	s) to be used				
Numb	er of day(s) to be used				
Total	# of hour(s)				
Numb	er of Participants				
Specif	ic Purpose for use of space_				
Equip	ment Needs (Specific)				
Name	of Group or Individual				
	Do you have Liability Insura Certificate of Insurance. De have liability insurance.				
Conta	ct Person (name)				
Address			Phone (Home)Phone (Work)		
City_		State	Zip Code		
WE U	NDERSTAND THAT:				
1. 2. 3. 4. 5. 6. 7. 8. 9.	The applicant will be responsib	ble for payment of a by the Diaconate of urity Officers or profile in his/her posses if he/she fails to unay and hold harmless ay and all claims, define future against the not liable for anyth owed in the church for the church of the church	any church personnel.  If Hope Valley Church at its of oper supervision, and take substitution and understand that he dertake these measures.  If Hope Valley Baptist Church and Sanda and understand that he dertake these measures.  If Hope Valley Baptist Church and Sanda and S	discretion. Ich measures as needed to She will not be permitted to h, and all their officers, on, or judgments any person his agreement. Onsors while he/she is using	
	Signature of Applicant			Date	