

**FACILITY RENTAL FORM**

Payment for facility use is to be given to the Finance Committee upon booking.

Checks are to be payable to: New Hope Missionary Baptist Church.

**NEW HOPE MISSIONARY BAPTIST CHURCH**

21251 NE 40<sup>TH</sup> STREET  
WILLISTON, FLORIDA 32696

Name of Person/Group Booking Event: \_\_\_\_\_

Name of Contact Person (if different from above): \_\_\_\_\_ Phone: \_\_\_\_\_

Type of Function: \_\_\_\_\_

Date Required: \_\_\_\_\_  S  M  T  W  TH  F  S  
 Month Date Year

Time(s) Required: (Set-up and clean-up times must be included in the hours)

From \_\_\_\_\_  AM  PM To \_\_\_\_\_  AM  PM Event Start Time: \_\_\_\_\_

Rehearsal time required?  yes  no Date and time: \_\_\_\_\_

	Facility or Service	Rental Fee	Total
	Chuch Rental	\$300.00	
	Church and Fellowship Hall	\$350.00	
	Fellowship Hall	\$175.00	
	Pastor Streeter Preaching	Funeral: \$125.00 Weddings \$175.00	
	Janitorial Services <b>(Everyone Must Pay)</b>	\$60.00	
	NMHBC Member	*Members are exempt from paying for rental of the Church and Fellowship Hall.	
		<b>Total</b>	<b>\$</b>

**RENTAL POLICIES AND RATES**

1. This church is a smoke-free building.
2. **Sound System and PowerPoint Presentation:** If renter requires the use of the video and or sound system, the church staff will direct you to a person who is qualified to run the system(s). Payment is made directly to the person that renter has made arrangement with.
3. Additional charges maybe applied if renter requires a staff member to set up tables, chairs, etc. - \$30.00
4. Any damage to equipment or facilities, shall be the responsibility of those renting the facility. The renter agrees to **pay for damages occurred immediately.**
5. Renter agrees that New Hope Missionary Baptist Church **will not** be held responsible for any injuries that occure while on the church premise.

**RENTAL AGREEMENT**

Signatures on this form indicate the agreement of the renter to the terms and conditions, and the approval of the rental application by **New Hope Missionary Baptist Church.**

Facility Rental to be paid in full along with this form: \$ \_\_\_\_\_

Renter's Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approval from: \_\_\_\_\_  
 Trustee Signature Trustee Signature