

Center for Hope Ministries Equipment Rental Request

Today's Date _____ Date of Event _____

Name _____ Member ID _____

Daytime Phone _____ Email Address _____

Name of Your Event _____

Equipment Pick-Up

Date _____ Time _____

Method of Transportation _____

Driver _____

Destination _____

In the space below, please tell us what you need along with the requested quantity, and state the intended use for the materials.

Equipment Return

Date _____ Time _____

Method of Transportation _____

Driver _____

It is your responsibility to return whatever you borrow clean and in excellent working condition. If there are any deficiencies before or after you use the church's equipment, please inform the Administrative Office in writing.

Borrower's Signature

Date

For Office Use Only

Date Received: _____

Approved: ___Yes ___No

Reason Denied: _____

Modifications & Comments: _____

Copies Forwarded to: ___Deacons ___Security _____Other

Signature: _____

Date: _____