



MINISTRY ROOM BOOKING FORM

Dear Ministry Leader,

Please complete this form and forward to the office or email the details to:

officeadmin@hopefellowship.ca or admin@hopefellowship.ca

Ministry: _____ Ministry Leader : _____

1) One-Time Event:

Date: _____

Time: From _____ to _____

Room(s) Needed: _____

or

2) Recurring Event:

Day of Week: _____

Time: From _____ to _____

Dates: From _____ to _____

Room(s) Needed: _____

3) Other Notes:

Ministry Leaders are responsible for set up and clean up of any items used.

Thank you,
Evelyn and Chris

For Office Use:

Time(s) available? _____ [] Added to Calendar [] Ministry Leader Notified