

Candlelight Christian Fellowship Property Equipment Request Form & Policy

Please fill-out shaded area

Request must be submitted 4 weeks prior to event

Today's Date: _____

Name: _____

Cell Phone: _____ Work or Home Phone: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Type of Event: _____

Address of Event: _____

Property Equipment Pick-up Date: _____ Pick-up Time: _____

Property Equipment Return Date: _____ Return Time: _____

Property Equipment Requested: _____ QTY: _____

Property Equipment Requested: _____ QTY: _____

Property Equipment Requested: _____ QTY: _____

Property Equipment Requested: _____ QTY: _____

1. Those who borrow property equipment from Candlelight Christian Fellowship assumes full responsibility for picking-up, transporting, using and returning as pre-arranged with the church staff.
2. Those who borrow property equipment from Candlelight Christian Fellowship assumes responsibility for loss, theft and damage to said property and will notify Candlelight Christian Fellowship Facility Department of any problems, damages, wear and tear.
3. Persons borrowing church property equipment agree to hold harmless and assure Candlelight Christian Fellowship, Candlelight Fellowship, Inc., Candlelight Outreach Ministries, Inc. DBA Skate Plaza CCF, and all related employees, staff, board of directors, and members against all claims or losses arising out of use of the church property equipment.

I _____ the borrower of the property equipment listed on this form from Candlelight Christian Fellowship, agree to abide by all the policies pertaining to borrowing church property equipment as stated above.

Print name of responsible person

Signature of responsible person

Date

↓ (Office Use Only) ↓

Property Equipment Requested: _____ QTY: _____ Model /Serial #: _____

Property Equipment Requested: _____ QTY: _____ Model /Serial #: _____

Property Equipment Requested: _____ QTY: _____ Model /Serial #: _____

Property Equipment Requested: _____ QTY: _____ Model /Serial #: _____

Property Equipment Requested: _____ QTY: _____ Model/Serial #: _____

Approval Date: _____

Staff Printed Name: _____

Staff Signature _____

Notes: _____