Candlelight Christian Fellowship
Ministry Application

Instructions:

1. *This application is for an agency, non-profit, ministry or any type of cause that you may have and want to use our facility.*
2. *This application needs to be approved by our Executive Pastor or Sr. Pastor & the Elder Board. After review, we will contact you if it's approved.*
3. *Candlelight requests at least (4) weeks prior notice for approval process.*
4. *Please check our building rates online. Charges to apply for use of our building.*

Today's Date:_____

Last Name:_____ First Name:_____

Church or Non-Profit:_____

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

Phone #:_____ Cell #:_____ Email:_____

Do you attend Candlelight regularly? ☐ Yes ☐ No

Are you a member of Candlelight: ☐ Yes ☐ No

Please answer questions below:

Please describe the agency, non-profit or ministry:

_____

_____

_____

_____

Dates & Times :_____

What resources will be needed (materials, facilities, equipment)?

_____

_____

*Please provide any paperwork or brochures in reference to the ministry or cause.

Thank you for your interest in using our facility. We will contact if it's approved.

----------*Official Use Only*----------

Received By: _____ Date Received: _____

Approved By:_____ Date Approved:_____

Not Approved By:_____ Date Not Approved:_____

Reason Not Approved:_____

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