SPACE RENT REQUEST FORM



Promise Ministries (Form# SRRK 10182022)

APPLICANT						
ORGANIZATION						
SUPERVISOR						
ADDRESS					T	
CELL.			TELEPH	IONE		
E-MAIL			FAX			
EVENT						
DATE & DAY OF THE EVENT			TIME			
	(Please write in detail)				•	
PURPOSE						
		1				
NUMBER OF PARTICIPANTS		CERTIFICATE OF INSURANCE	□Yes	□No	RENTAL COST	\$
	DJerusalem Sanctuary(No food or drink allowed) DBethlehem Sanctuary					
	□Gethsemane Sanctuary(No food or drink allowed) □Jerusalem Choir					r
	Orchestra Room					
SPACES.	Image: Displaying the second s					n
	LL Faith Chapel D4FL Vision Chapel					el
PLEASE MARK.	□3FL Shalom Chapel □5FL Music Room					n
FLEASE MARK.	□4FL Conference Room				□6FL Dream Chapel	
					□Hosanna Sanctuary(New Jersey)	
	□Others (write the name of the space):					
	□Sound	□Screen	□Screen □Images & Caption □Ca		□Camera	
	□Video Shooting	□Lighting □Live Streaming	□WiFi □Heating		□Air Conditioning	
	□Chairs & Tables	□White Board	□Guidance Stanchion □Special Equipment			
NECESSARY						<u> </u>
ITEMS.						
	Etc.					

APPLICANT'S SIGNATURE

DATE_ (mm/dd/yyyy) RENTAL COST SENIOR PASTOR DATE USED SPACE IN CHARGE BOARD AUTH RENTAL ORIZA HISTORY TION

ADDITIONAL COMMENTS.

1. The facility usage fee and Certificate Of Insurance must be paid and submitted two weeks prior to the event. Cleaning costs may vary depending on the size of the event.

2. If you need sound, lighting or media personnel, you are responsible for paying the labor costs for these services.

3. Please aware that the Jerusalem & Gethsemane Sanctuary are not allowed to bring food in.

4. Our Church just lend this space to the user above and has nothing to do with the purpose and character of this event.

5. If you have any questions concerning this invoice, use the following contact information.

(Contact person: James Nam, Phone Number: (Tel)718-321-7800 (Cell)347-840-0809, (E)khnpromise@gmail.com)