

New Hackensack Reformed Church  
(845)462-0810 [x100/office@nhrc-church.org](mailto:office@nhrc-church.org)

**REQUEST FOR FACILITY USE**

Complete and return to church office

Today's Date: \_\_\_\_\_

Requestor's Name: \_\_\_\_\_

Name of Group: \_\_\_\_\_

Purpose of Meeting/Function: \_\_\_\_\_

\_\_\_\_\_

Contact Person: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Start Date Needed: \_\_\_\_\_

Start Time: \_\_\_\_\_ Set-up Time: \_\_\_\_\_

End Time: \_\_\_\_\_ Clean-up Time: \_\_\_\_\_

Weekly? \_\_\_\_\_

Monthly? \_\_\_\_\_

Daily? \_\_\_\_\_

# People Attending: \_\_\_\_\_

Tables Needed? \_\_\_\_\_

**INSURANCE**

Does this Group Have Insurance? \_\_\_ No \_\_\_ Yes

*If yes, we require a copy of your Certificate of Liability Insurance, with New Hackensack Reformed Church listed as Certificate Holder. (Renewal needed every year) You can submit once the space is agreed upon.*

**NHRC USE ONLY:**

Property Committee Meeting Date: \_\_\_\_\_ Decision: \_\_\_\_\_

\_\_\_\_\_

Approval of Finance Committee: \_\_\_ Yes \_\_\_ No

Meeting Date: \_\_\_\_\_ Approved/Fee: \_\_\_\_\_

Consistory Meeting Date: \_\_\_\_\_ Approval: \_\_\_ Yes \_\_\_ No