

CHURCH EQUIPMENT REMOVED FROM PREMISES

Pick up date & time _____ **Return date & time** _____

Responsible party _____ Phone [home] _____

Address _____ Phone [work] _____

How many tables do you need? _____ How many chairs do you need? _____ Other _____

Activity/Purpose _____

Responsible Party Signature* _____ Today's Date _____ \$5.00 fee collected _____

*I understand that I am not authorized to remove or return the above-designated equipment from New Life Assembly without the assistance and supervision of authorized church staff. I further understand that I am fully responsible for any necessary repair or replacement of lost or damaged equipment released to my care.