



JESUS PEOPLE MINISTRIES CHURCH INTERNATIONAL

REQUEST FOR FEE WAVIER

Name of Auxiliary (Dept.) _____

Name of Group Leader _____

Date(s) _____ Time(s) _____

Reason(s) for waiver of fee request:

An Application for Temporary Use of JPMCI Facilities Form was completed and sent to JPMCI Administration on _____

Day/Date

Signature _____
Facility Operations Manager

Date _____

Executive Administrator

Approved _____ Denied _____

Signature

Date

Chief of Staff

Approved _____ Denied _____

Signature

Date