

ENON BAPTIST CHURCH  
FAMILY LIFE CENTER REQUEST FOR USE  
NON-CHURCH MEMBER

DATE \_\_\_\_\_

NAME OF PERSON APPLYING FOR GROUP \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

DAYTIME PHONE: \_\_\_\_\_ EVENING PHONE: \_\_\_\_\_

FAX #: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PURPOSE OF GROUP: \_\_\_\_\_

NATURE OF THIS EVENT: \_\_\_\_\_

DATE OF EVENT: \_\_\_\_\_ TIME STARTING: \_\_\_\_\_ ENDING: \_\_\_\_\_

NUMBER OF ATTENDEES: \_\_\_\_\_

IS KITCHEN NEEDED? YES \_\_\_\_\_ NO \_\_\_\_\_ (*COOKING APPLIANCE ARE NOT TO BE USED*)

ARE TABLES AND/OR CHAIS SET-UP NEEDED? \_\_\_\_\_

IS OTHER SET-UP NEEDED \_\_\_\_\_

IS CLEAN-UP NEEDED? \_\_\_\_\_

PROVIDED THE NAME OF YOUR INSURANCE CARRIER (if applicable): \_\_\_\_\_

POLICY NUMBER (if applicable): \_\_\_\_\_

\*\*\*\*CONTINUE NEXT PAGE\*\*\*\*

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I the undersigned certify that my group will use the facilities of ENON BAPTIST CHURCH within the rules and guidelines set forth in the Family Life Center Policies for Non-Members (a copy of which I have received and read). We will confine our activities to the area(s) approved for our use and accept those responsibilities as outlined in the policy.

Liability Release

I \_\_\_\_\_ being above the age of eighteen(18), understand and agree that neither Enon Baptist Church, or any officer or member of the church may be held liable in any way for any occurrence in connection with my sue of and my activity in the Enon Family Life Center, that may result in injury, death, or other damages to me or my family, heirs, or assigns...and further to save and hold harmless said church and persons from any claim by me, my family, estate, heirs, or assigns, arising out of my use of the Enon Family Life Center. It is also by signing this instrument to exempt and release Enon Baptist Church its officers and members, fro all liability whatsoever for personal injury, property damage or wrongful death caused by negligence.

Signed: \_\_\_\_\_ Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

PLEASE SEND COMPLETED REQUEST FORM TO:

Enon Baptist Church  
6321 Old Highway 421  
East Bend NC 27018

Attn: FLC Council

FAX: 336-699-4622

OR

Phone (336-699-3122) the office for appropriate email address

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CHURCH USE ONLY

DATE RECEIVED: \_\_\_\_\_ RECEIVED BY: \_\_\_\_\_ FEE: \_\_\_\_\_

DEPOSIT \_\_\_\_\_ CHECK NUMBER \_\_\_\_\_ CASH \_\_\_\_\_

DATE PAID: \_\_\_\_\_ SET-UP SCHEDULED \_\_\_\_\_

FLC COUNCIL APPROVAL BY: \_\_\_\_\_

DATE \_\_\_\_\_

PASTOR OR DESIGNATED STAFF APPROVAL BY: \_\_\_\_\_

DATE: \_\_\_\_\_