

Enon Baptist Church  
Family Life Center Request for Use  
By Church Member for Church Function

Nature of the Event: \_\_\_\_\_ Date: \_\_\_\_\_

If day is needed to set up prior to event, reserve both days.

Daytime Phone: \_\_\_\_\_ Evening: \_\_\_\_\_ Cell: \_\_\_\_\_

Need:         Kitchen  
               Family Life Center

Member responsible has read and agrees to follow Family Life Center Policy.

Name of Member Responsible: \_\_\_\_\_