ENON BAPTIST CHURCH
FAMILY LIFE CENTER REQUEST FOR USE
CHURCH MEMBER

NAME OF MEMBER: _____

DAYTIME PHONE: _____ EVENING PHONE _____ DATE: _____

NATURE OF THE EVENT: _____

DATE OF EVENT: _____ TIME STARTING: _____ ENDING: _____

NUMBER OF ATTENDEES: _____

IS KITCHEN NEEDED? YES _____ NO _____

- IF YES, NAME OF PERSON TRAINED IN KITCHEN USE _____
- IF YES, MEMBER MUST FOLLOW ATTACHED KITCHEN CHECKLIST

MEMBER IS RESPONSIBLE FOR THE FOLLOWING, OR PAY APPLICABLE FEE(S) (CHURCH OFFICE HAS FEE SCHEDULE)

- TABLES AND/OR CHAIRS SET-UP AND RETURN TO STORAGE ROOM
- CLEAN-UP E.G. GYMN FLOOR TO BE SWEPT AND SPOT MOPPED

MEMBER HAS READ AND AGREES TO FOLLOW FAMILY LIFE CENTER POLICY

Member Signature _____

Date _____

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