

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

DATE: _____

NAME OR 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 Appliances are not to be used*)

ARE TABLES AND/OR CHAIRS SET-UP NEEDED? _____

IS OTHER SET-UP NEEDED _____

IS CLEAN-UP NEEDED? _____

PROVIDE 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 use 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, from 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: _____