

ENON BAPTIST CHURCH
FAMILY LIFE CENTER REQUEST FOR USE

Member _____

Non-Member _____

SUBMISSION DATE: _____

FACILITY NAME/PERSON APPLYING FOR USE:

ADDRESS: _____ CITY: _____ STATE: _____

PREFERED CONTACT PHONE NUMBER: _____

EMAIL: _____

NATURE OF EVENT: _____

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

NUMBER OF ATTENDEES: _____ USAGE OF FLC: YES _____ NO _____

USAGE OF FOYER: YES _____ NO _____ IS KITCHEN NEEDED*? YES _____ NO _____

NAME OF TRAINED KITCHEN MEMBER PRESENT: _____

CHECK ALL THAT WILL BE USED:

ICE: _____ REFRIGERATOR: _____ STOVE/OVEN/WARMER*: _____ DISHWASHER*: _____

ARE TABLES AND/OR CHAIRS NEEDED? YES _____ NO _____

IS OTHER SET-UP NEEDED? YES _____ NO _____ EXPLAIN: _____

NAME OF MEMBER(S) RESPONSIBLE FOR SET-UP/CLEAN-UP: _____

PROVIDE THE NAME OF YOUR INSURANCE CARRIER AND POLICY NUMBER (*if applicable*):

****Cooking Appliances are not to be used unless an approved kitchen trained member is present***

**** CONTINUE NEXT PAGE ****

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RELEASE FORM

I the undersigned certify that I/we/my group will use the facilities of ENON BAPTIST CHURCH within the rules and guidelines set forth in the **Family Life Center Policy** (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.

Applicant Signature: _____

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
Email: admin@enonbaptist.org

If all checklist items are completed without FLC damage or concern your deposit will be returned to you. If you wish to donate your deposit to the church please indicate below. This will help speed up the return or donation after your event. Thank you.

Return to me _____ **Donate to the church** _____

CHURCH USE ONLY

DATE RECEIVED: _____ RECEIVED BY: _____ FEE: _____

DEPOSIT AMOUNT: _____ CHECK NUMBER: _____ CASH: _____

DATE PAID: _____ SET-UP SCHEDULED WITH: _____

FLC APPROVAL BY: _____

FACILITY WALK THROUGH COMPLETED BY: _____ DATE: _____