

ENON BAPTIST CHURCH **FAMILY LIFE CENTER REQUEST FOR USE**

Member _____

Non-Member _____

SUBMISSION DATE: _____

FACILITY NAME/PERSON APPLYING FOR USE:

ADDRESS: _____ CITY: _____ STATE: _____

PREFERRED 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 ****

ENON BAPTIST CHURCH
FAMILY LIFE CENTER REQUEST FOR USE LIABILITY
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 Fax: 336-699-4622
6321 Old Highway 421 OR
East Bend, NC 27018 Email: admin@enonbaptist.org
Attn: FLC Council

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: _____

FLC APPROVAL BY:

FACILITY WALK THROUGH COMPLETED BY: _____