



Guest Reservation Form

-to be filled out by "Guest"-

Guest, please fill out and return this form to your sponsor.

Male ___ Female ___ Name: _____ Preference for name tag _____

Address: _____ E-mail _____

City: _____ State: _____ Zip: _____ Phone: (____) _____

Name & Denomination of Church now attending: _____ None ___

Pastor's Name: _____ Your Age _____ Number of Children: _____

T-Shirt Size: small ___ med ___ large ___ xlg ___ xxlg ___ xxxlg ___ xxxxlg ___ xxxxxlg ___

Marital Status: Married ___ Single ___ Divorced ___ Widowed ___ Separated ___

Present occupation: _____ Company: _____

Religious or community organizations you are active in: _____

Has the Great Banquet been explained to you? Yes ___ No ___

Have the group reunions, gatherings, and the post-banquet meeting been explained to you?..... Yes ___ No ___

Are you on a special diet? Yes ___ No ___

If so, what? _____

Are you on special medication? Yes ___ No ___

Do you have a health problem or physical handicap that may affect your attendance?..... Yes ___ No ___

If yes, please explain: _____

State briefly why you wish to be involved in the Great Banquet and what you expect from it:

Signature: _____ Date: _____

Please fill in all blanks. The above information is necessary for your proper placement in a Great Banquet. There is no specific charge for the weekend, but you will be given the opportunity to make an offering if you so desire. You may give any amount or nothing at all. This form is an application, and its submittal does not guarantee acceptance. You may be placed on a waiting list since we only have a certain number of spaces available. Early applicants will be notified of acceptance by letter. Late applications will be handled as soon as possible. **RETURN COMPLETED FORM TO YOUR SPONSOR**

Sponsor Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: (____) _____