

# Elohim Great Banquet/Awakening Reservation Form

**SPONSOR:** Please return to Registrar – Bill and Lori Rhoads 20882 N. Clark Switchboard Road Marshall, IL 62441

Men's Weekend  Women's Weekend  Awakening Weekend Year \_\_\_\_\_ Spring \_\_\_\_\_ Fall \_\_\_\_\_

**GUEST – PRINT** legibly, complete ALL information as requested, and return to your sponsor. This information will be used to properly place you at the Great Banquet/Awakening. This form is an application and does not guarantee placement at the Banquet/Awakening. 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. There is \$100 cost for the weekend. Discuss with your sponsor if this is a hardship.

Name: \_\_\_\_\_ Preference for Name Tag: \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Church: \_\_\_\_\_ Pastor's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Marital Status (Please circle one): Single Married Divorced Widowed

T-Shirt Size (Please circle one): Small Medium Large X Large 2XLarge 3XLarge 4XLarge 5XLarge

Yes  No Are you on a special diet? Please explain: \_\_\_\_\_

Yes  No Are you on special medication? Please explain: \_\_\_\_\_

Yes  No Do you have health problems or physical needs that we should be aware of? Please explain: \_\_\_\_\_

Yes  No If necessary, are you able to sleep on a top bunk to accommodate all guests/team?

Briefly explain what you wish to gain from your attendance at the Great Banquet. \_\_\_\_\_

Guest Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SPONSOR –PRINT** legibly, and return to Registrar. Sponsoring is both a joy and a responsibility. There are things you must do for your guest before, during, and after the weekend. Please remember that the Great Banquet is not structured to solve deep-seated problems. It is designed to provide participants with a personal encounter with Jesus Christ.

**The cost of each weekend is \$100 per person for Guests and Team Members.** Do not let the inability to contribute deter you from sponsoring a guest or participating as a team member; ask a Board member.

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Your Weekend # and Year: \_\_\_\_\_

Please ensure that:

- You have adequately explained the Great Banquet/Awakening experience to your Guest, and their spouse or parent (if applicable).
- Your guest has the physical and mental health needed to attend the Great Banquet/Awakening;
- Your guest is not under any emotional strain that would diminish their Great Banquet/Awakening experience;
- You will pray and sacrifice for your guest, and care for their families needs while attending the Banquet/Awakening.
- You are prepared to attend all of the weekend events including:
  - Bring your guest to the Banquet /Awakening Weekend, and return them home after the weekend.
  - Sponsor's Hour, Apostolic Hour and Candlelight Service, Closing Service

Signature: \_\_\_\_\_ Date: \_\_\_\_\_