

Elohim Great Banquet/Awakening Reservation Form

SPONSOR: Please return to Registrar – Bill and Lori Rhoads 20705 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.

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 Do you have any allergies? 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 \$75 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:

- o Bring your guest to the Banquet /Awakening Weekend, and return them home after the weekend.
- o Sponsor's Hour, Apostolic Hour and Candlelight Service, Closing Service

Signature: _____ Date: _____