



GREAT BANQUET REGISTRATION FORM

To Be Filled out by Guest:

WEEKEND DATE: _____

Male or 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: _____

Marital Status: Married Single Divorced Widowed Separated

Present occupation: _____ Years of Formal Education: _____

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: _____

All of the above information is necessary for your proper placement in a Great Banquet. Please fill in all blanks. There is no specific charge for the weekend, but you will be given the opportunity to make an offering if you so desire. The cost of the weekend ranges from \$75-\$125.00 per person (and is different for each community), but do not let inability to contribute deter you. You may give any amount or nothing at all. We do request a \$10.00-\$25.00 registration fee that should be given to your sponsor along with your completed application. Make checks payable to the community hosting your Great Banquet. 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 several weeks before the Great Banquet. Late applications will be handled as quickly as possible.

TO BE FILLED OUT BY SPONSOR:

Sponsor Name: _____ Address: _____

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

RETURN TO YOUR SPONSOR WITH REGISTRATION FEE