

Guest Reservation Form

To be filled out by the "guest"

All of the information is necessary for placement in a Great Banquet. Please fill in all the blanks.

Name		Age		
Preference for name tag				
Address				
City		State	Zip	
Home PhoneMobile Phone				
Email				
Marital Status Single	e Married	Divorced	Widowed	Separated
Church now attending				
Pastor's Name				
Present OccupationCompany				
Has the Great Banquet been explained to you?				Yes No
Do you have any food allergies or physician prescribed food restrictions?				Yes No
If so, please explain?				
Are you on any medication?				Yes No
Do you have a health problem or physi	ical handicap that requir	es our attention?		Yes No
If yes, please explain				
Do you have any sleep concerns i.e.: li	ght sleeper, snoring, slee	o walking/talking	etc.?	Yes No
If yes, please explain				
Name and phone # of close friend or re	elative (not spouse)			
State briefly why you wish to be involv	ed in the Great Banquet	and what you exp	ect from the wee	kend experience.
There is a \$25.00 registration fee. provided to your sponsor along w guarantee acceptance. You may be Each applicant will be notified of applications will be processed as qu	ith your registration j e placed on a waiting `acceptance by letter	form. This form list due to a spec	i is an applicat cific number of	tion and does not spaces available.
Signature		I	Date	
Sponsor name		Phone		
Address	City		State	Zin