## **GREAT BANQUET Request For Reservation**

The Great Banquet is a three-day experience of renewal, learning and sharing in the atmosphere of a

TO BE FILLED OUT BY THE "GUEST":

Mail to:

Madisonville Great Banquet Community P.O. Box 568 Madisonville KY 42431-0568 (270) 821-6426

## Male / Female (please circle one)

Christian community. It is a differer people work toward a Christian way	=	_	_	
a couple. Each person is asked to su	• • • •	ort. Hassands an	d wives are invited as	
My sponsor is				
Name	T-Shirt Size			
Name Mailing Address	City_	State	Zip Code	
Phone ( )	E-mail Address		1	
	Your Age			
Married Single Divorced	Widowed Separa	ited # of Chi	d # of Children	
	now attending None			
Pastor's name	What is your occupation	on and what comp	oany do you work for?	
How many years of formal education organizations are you active?	n have you had?	In what religious o		
Has Great Banquet been explained to				
Gatherings, and the post-Banquet med If so, what? problem or handicap that may affect	_ Are you on special medicat	tion? Do y uet? If yes,	ou have a health please explain	
involved in the Great Banquet Move				
Signature	Date			

All of the above information is necessary for your proper placement on the Great Banquet. Please fill in <u>all blanks</u>. There is no specific charge for the weekend, but you will be given the opportunity to make an offering if you so desire. 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. Each applicant will be notified of acceptance by letter several weeks before the Great Banquet. Late applicants will be handled as quickly as possible.