

Hamilton County Great Banquet Guest Reservation Request

The Great Banquet is a three-day experience of renewal, learning and sharing in an atmosphere of a Christian community. It is a different experience for each individual. It does not provide a climate for the solution of deep-seated problems, but is designed to help mature people work toward a deeper Christian way of life.

If married, couples are encouraged to attend at the same time, if possible. Each person must submit a separate reservation request. There is no charge for the weekend, however, a \$10.00 registration fee (payable to HCGB) is requested. Financial assistance is available if needed. Space is limited. You may be placed on a waiting list until space is available. Applicants will be notified of acceptance several weeks before the Great Banquet Weekend.

Today's Date: _____

Name: _____ Name to appear on nametag: _____

Male Female Married Single Divorced Widowed Separated Age: _____

Mailing Address

City State Zip

Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____

E-Mail Address: _____

We serve the deaf community during Great Banquet Weekends. I am deaf - Yes

Name of Church now attending & Pastor's name: _____

- Yes No Has the Great Banquet been explained to you?
 Yes No Have you ever attended a Great Banquet or similar weekend?
 Yes No If married, has your spouse attended a Great Banquet or similar weekend?
 Yes No If not, have they submitted an application for the Great Banquet?

If yes, what is his/her name? _____

Yes No Are you on a special diet? If yes, what? _____

Yes No Are you on special medication?, Please List: _____

 Yes No Do you have a health problem or physical concerns requiring special facilities?

If yes, please specify so that we may try to better accommodate you: _____

Whom do we notify in case of an emergency during the weekend? Name: _____

Relationship: _____ Phone: (____) _____

State briefly why you wish to attend the Great Banquet and what you expect from it (use the back if needed):

Return this completed reservation request along with your \$10 registration fee to your sponsor.

My Sponsor is: _____ My Sponsor's Telephone: (____) _____

If you **do not** have a sponsor mail this form with the registration fee to:

HCGB Registration, P.O. Box 1204, Noblesville, IN 46061

Great Banquet Use Only: Banquet Attending:

_____ Reservation Received Spring Summer Fall

_____ Fee Paid _____ Sponsor Form Received _____ Confirmation Mailed _____ Confirmed