



## GUEST RESERVATION FORM

TO BE FILLED OUT BY THE "GUEST"

The Great Banquet is a three-day experience of renewal, learning and sharing in the atmosphere of a Christian community. It is a different experience for each individual. It is designed to help mature people work toward a Christian way of life with community support.

My sponsor is \_\_\_\_\_

Male or  Female Name: \_\_\_\_\_ Preference for name Tag: \_\_\_\_\_

Address: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Your Age: \_\_\_\_\_ Married  Single  Divorced  Widowed  Separated  Number of Children: \_\_\_\_\_

Name and Denomination of Church now attending: \_\_\_\_\_  None

Pastor's Name: \_\_\_\_\_

Present occupation: \_\_\_\_\_ 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

Do you have medical condition that requires a special diet?(ie...lactose or gluten intolerance, diabetic, nut allergy, etc).....  Yes  No

If so, please explain? \_\_\_\_\_

Are you on a 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 Movement and what you expect from it:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

All of the above information is necessary for your proper placement on the Great Banquet. Please fill in **all blanks**. This form is an application and submission 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 applicants will be handled as quickly as possible.

**Mail form to:** Hickory Grove Great Banquet  
ATTN: Registration  
306 North Market Street  
Mt. Carmel, IL 62863

or Fax to: 618-983-4164

or Email to: [hggbaapplication@gmail.com](mailto:hggbaapplication@gmail.com)