

Bloomington/Normal Great Banquet Application

Guest Section

Guest Instructions:

1. Fill in this Guest Section completely.
2. Print clearly.
3. Use a separate sheet if more space is needed.
4. If you have questions, ask your sponsor.
5. Review, sign, and date the Guest Section.
6. Give the application to your sponsor.

Guest Name: _____

Name on Name Tag: _____

Street Address: _____

City: _____ State: _____ ZIP Code: _____ Weekend Dates: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Gender: Male Female Age: _____ Spouse's Name (If Applicable): _____

Email: _____ May We Send a Confirmation Via Email? Yes No

Church Information

Church's Name: _____ Church's City: _____

Sponsor Information

Sponsor's Name: _____ Sponsor's Phone: (_____) _____

Did your sponsor explain the Great Banquet? Yes No Did your sponsor explain the post-weekend meeting? Yes No

Additional Questions (To Help Us Meet Your Needs on the Weekend and Make Room Assignments)

Why do you want to attend the weekend and what do you expect from it? _____

In what religious and/or community organizations are you active in? _____

Do you have any health issues (e.g., allergies, diabetes, or CPAP machine)? Yes No If Yes, explain below.

Do you have any special diet restrictions/needs (e.g., food allergies)? Yes No If Yes, explain below.

Do you take any prescription medications (e.g., blood pressure medication)? Yes No If Yes, explain below.

Do you smoke? (Note: This is needed for room assignments only.) Yes No

Note: If necessary, please attach a separate sheet to explain any additional needs you may have.

Emergency Contact Information (In Case of Emergency on the Weekend)

Contact's Name: _____ Contact's Phone: (_____) _____

Guest's Signature: _____ Date: _____

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Sponsor Section

Sponsor Instructions:

1. Ensure the Guest Section is completely filled out.
2. Fill in this Sponsor Section completely.
3. Print clearly.
4. Use a separate sheet if more space is needed.
5. Mail the two-page application and payment to the address at the bottom of this page.

Guest Name: _____

Guest's Spouse's Name (If Applicable): _____

If married, did you discuss the Great Banquet with the guest's spouse? Yes No

Will your Guest's spouse be attending a Great Banquet? Yes No Spouse's Weekend Dates: _____

Sponsor's Name: _____ Home Phone: (_____) _____

Street Address: _____ Cell Phone: (_____) _____

City: _____ State: _____ ZIP Code: _____

Email: _____ May We Send a Confirmation Via Email? Yes No

Sponsor's Original 4th Day Weekend Type (e.g., Great Banquet, Walk to Emmaus, or Cursillo): _____

Weekend Dates: _____ Weekend Number: _____ Weekend Location: _____

Additional Sponsor Questions (To Help Us Meet Your Guest's Needs on the Weekend and Make Room Assignments)

Why do you think your Guest should attend this upcoming Great Banquet? _____

Does your Guest have any health, diet, medication, sleeping, or other special needs? Yes No If Yes, explain: _____

Note: If necessary, please attach a separate sheet to explain any additional needs your guest may have.

Did you explain the Great Banquet and answers all Guest questions? Yes No

Did you explain the post-weekend meeting? Yes No

Are you praying for your Guest? Yes No

Are you taking care of getting agape letters for your Guest? Yes No

Are you bringing your Guest to East Bay Camp? Yes No

Are you attending the Sponsor's Hour? Yes No

Are you attending Candlelight? Yes No

Are you attending the Closing Ceremony? Yes No

Are you caring for your Guest's home needs during the weekend? Yes No

Will you help your Guest get established in a Reunion Group? Yes No

Completing & Mailing the Application

After verifying the Guest Section and Sponsor Sections are complete, mail this two-page application and a \$25 check (or more if desired) written to "B/N Great Banquet" to the following address:

**Attn. Registrar
B/N Great Banquet Community
P.O. Box 707
Bloomington, IL 61702-0707**