

TRINITY GREAT BANQUET

8540 East 16th Street – Indianapolis, IN 46219
Phone 317-897-0243
www.trinitygreatbanquet.org

Guest Registration

Pamela Lacy, Registrar 317-340-9998
pamelalacy@yahoo.com

DATE _____

The Trinity 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 does not provide a climate for the solution of deep-seated problems, but is designed to help mature people to work toward a Christian way of life with community support.

Husband and wife are invited as a couple, although they attend separately; usually, the husband first. Each person must submit a separate application. Married couples are requested to turn in both applications at the same time, if possible.

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. Early applicants will be notified by email or letter approximately 30 days prior to the event with details on how to confirm registration.

WHICH WEEKEND ARE YOU REGISTERING FOR? (circle all that apply) **SUMMER WINTER MEN'S WOMEN'S**

NAME _____ NAME TO APPEAR ON NAME TAG _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE () _____ E-MAIL _____

NAME OR DENOMINATION OF CHURCH, IF ANY _____

AGE _____ MARITAL STATUS (circle) **MARRIED SINGLE WIDOWED SEPARATED DIVORCED**

- YES _____ NO _____ Have you ever been a guest at a Via de Cristo / Tres Dias / Cursillo / Awakenings?
- YES _____ NO _____ Has the Great Banquet been explained to you?
- YES _____ NO _____ Do you have any dietary restrictions? (e.g. vegetarian, allergic to seafood, etc)
- YES _____ NO _____ Do you have any physical or medical needs? (e.g. CPAP machine, cannot kneel, take insulin, etc)

Please specify your dietary / physical / medical needs:

What do you expect to get from this Great Banquet weekend?

SPONSOR'S NAME: _____ **SPONSOR'S PHONE** _____

SPONSOR'S ADDRESS _____

CITY _____ **STATE** _____ **ZIP CODE** _____

SPONSOR'S EMAIL: _____

We do request a **\$10.00 registration fee**, paid by the sponsor. **Please make checks payable to Trinity Great Banquet.**