

Block Party Trailer Application*

Date of Application: _____

Name of Church: _____

Pastor: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Requested Date of Use:

First Choice: From _____ To _____

Second Choice: From _____ To _____

Purpose of Use: _____

Person Responsible for the Trailer:

Name: _____ Position: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: Office _____ Home _____ Cell _____

We, the undersigned, make application for scheduling the use of the trailer with the assurance that we assume responsibility for complying with the guidelines and for use of the trailer.

Pastor's Signature _____

Date _____

Signature of Person Responsible for Trailer _____

Date _____

*A \$200 deposit and \$50 fee must accompany this application.

Make checks payable to **Tri County Baptist Association** and send to
Attn: Meleta Getman, PO Box 370, Nixa, MO 65714.