

Bracken Association of Baptist
BLOCK PARTY APPLICATION

Date of Application: _____

Name of Church: _____

Pastor: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Requested Date and Time of Use:

First Choice: From _____ to _____

Return Date and Time _____

Second

Choice: From _____ to _____

Return Date and Time _____

Purpose of Use: _____

Person Responsible/Towing the Trailer:

Year, Make and Model of vehicle towing the trailer: _____

Name _____ Position _____

Address _____ City _____

State _____ Zip _____ Phone _____

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 _____

Two checks (\$150 deposit and \$50 fee) MUST accompany this application.

Make check payable to Bracken Association of Baptist.

5105 Main St. Mayslick KY 41055 (606)763-6260

****THE BLOCK PARTY TRAILER IS LOCATED AT BRACKEN ASSOCIATION OFFICE****

April 2018