

MADISONVILLE GREAT BANQUET
Guest Reservation Request
TO BE COMPLETED BY THE GUEST

The Great Banquet is a three-day (72-Hour) experience of renewal, learning, and sharing in the atmosphere of a Christian community. It is a different experience for each person. It is designed to help mature people work toward a Christian way of life with community support. Spouses are invited to attend. Each person is asked to submit a separate application.

My sponsor is _____ (Return your completed form to your sponsor.)

Name _____ T-Shirt Size _____

Male / Female (please circle one)

Mailing Address _____ City _____ State _____ Zip Code _____

Phone _____ Email Address _____

Name to appear on nametag _____ Your Age _____

Marital status _____ Number of Children (if applicable) _____

Emergency Contact:

Name _____ (Relationship) _____

Phone/Cell Number _____

Name and Denomination of Church now attending _____ None []

Pastor's name _____

What is your occupation and what company do you work for? _____

Can we contact you at work? [] No [] Yes — If yes, phone # _____

Highest level of education? _____

In what religious or community organizations are you active?

State briefly why you wish to be involved in the Great Banquet Movement and what you expect from it:

Health and Accessibility Information:

The Great Banquet weekend involves full days of teaching, group interaction, worship, and reflection. Please answer the following so we can provide appropriate accommodations if needed:

- Do you have any physical conditions or mobility limitations that may require accommodations?
[] No [] Yes — Please describe: _____

- Do you have any dietary restrictions or allergies we should be aware of?
[] No [] Yes — Please specify: _____

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- Do you take any medications that may require special storage or assistance during the weekend?
 No Yes — Please describe: _____

- Is there anything related to your mental or emotional wellbeing that might affect your experience during the weekend?
 No Yes — Please describe: _____
(This does not impact your eligibility to participate in the weekend but is confidential and used only to support your participation.)

All fields on this application must be completed honestly and to the best of your knowledge. Incomplete forms will be returned to be completed. Intentionally falsified forms may result in denial of participation.

By signing below, I agree to release, indemnify, and hold harmless the Great Banquet leadership and volunteers from any liability or claims arising from participation in this event. This includes, but is not limited to, personal injury, medical emergencies, or behavioral interventions during the weekend. I acknowledge that participation is voluntary, at my own risk, and all information provided on this form is accurate.

Signature

Date

There is no specific charge for the weekend, but you will be given the opportunity to make an offering if you so desire. This form is an application, and its submittal does not guarantee acceptance. You may be placed on a waiting list as each event only have a certain number of spaces available. Each applicant will be notified of acceptance by letter several weeks before the Great Banquet. Late applicants will be handled as quickly as possible.

Your complete form should be given to your sponsor.

Contact information Madisonville Great Banquet Community
P O Box 254
Hanson KY 42413
(270) 841-3690 (text preferred or leave a message)
Email: madisonvillegreatbanquet@gmail.com