

TRINITY GREAT BANQUET

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

Guest Registration

Carol Johnson, Registration Coordinator
tgbcordinator@gmail.com
317-777-1941

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 space is limited. Applicants and sponsors will receive an email with further details once registration has been submitted.

PLEASE REGISTER THE FOLLOWING INFORMATION ONLINE AT www.trinitygreatbanquet.org : Guest Registration.
***If you do not have access to a computer, sponsors may turn this sheet into a member of the lay team.**

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

GUEST INFO:

FULL NAME _____ PREFERRED NAME _____

STREET ADDRESS/CITY/ZIP _____

PHONE () _____ E-MAIL _____

CHURCH NAME OR DENOMINATION, 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** _____ 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 restrictions or specialized needs (e.g. vegetarian / allergies / needs outlet for C-PAP):

EMERGENCY CONTACT:

NAME: _____ PHONE () _____

SPONSOR INFORMATION:

NAME: _____ PHONE () _____

EMAIL: _____

Guest Fee: \$60.00 to be paid by the sponsor.

If paying by check, please make payable to: Trinity Lutheran Church, memo Great Banquet