

APPLICATION FOR SCHEDULING BLOCK PARTY TRAILER

Note: Check for \$150 deposit must accompany this application for the scheduling of the Block Party Trailer.

***A Certificate of Insurance from your church must also accompany this application stating Evangeline Baptist Association as additional insured with dates of use noted.** The receipt of this application, along with your check and Certificate of Insurance, will confirm your reservation.

*Mail Application to: Evangeline Baptist Association
PO Box 81244, Lafayette, LA 70598-1244*

Make Check Payable to: Evangeline Baptist Association

**The insurance carrier for the Evangeline Baptist Association has stated the necessity of having a Certificate of Insurance from anyone using the trailer. (Your insurance company is familiar with this procedure.)*

Date of Application _____

Name of Church _____ Phone _____

Address _____

Association _____

Pastor _____

Requested Date of Use: _____

Trailer is for Evangelistic Purposes ONLY. Trailer will be used for?

Location/address where Trailer will be set up (if different than church address)

Phone _____ Cell _____

We the undersigned have read and understand the guidelines and responsibilities for use of the Block Party Trailer and make application for scheduling it with the assurance that we assume responsibility for complying with these guidelines.

SIGNED _____ (Pastor) _____ (Date)

SIGNED _____ (Person Responsible for Block Party Trailer) _____ (Date)