

# Bloomington/Normal Great Banquet Application- Guest

## Guest Information

Weekend Dates \_\_\_\_\_

Guest Name: \_\_\_\_\_

Name on Name Tag: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_ Age: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell  Home/LAN Line  Gender: Male  Female

Email: \_\_\_\_\_ Okay to Send an Email Confirmation? Yes  No

If you attend church, where do you attend? \_\_\_\_\_

Has the Great Banquet been Explained to you? Yes  No

Do you have any health, diet, medications, sleeping or other special needs? (e.g., allergies, gluten free, diabetes, or CPAP machine)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If Yes, explain below
Are you comfortable with sleeping on a top bunk	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

*Note: If necessary, please attach a separate sheet to explain any additional needs you may have.*

Will your spouse be attending a Great Banquet? Yes  No  Spouse's Weekend Dates: \_\_\_\_\_

Spouse's Name (If Applicable): \_\_\_\_\_

Emergency Contact's Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Guest's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**The weekend runs from  
Thursday, approx. 7 pm to 7pm Sunday evening**

**Once completed, give the application to your sponsor**

## Sponsor Information

Sponsor's Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ Phone Type: Cell  LAN Line

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Email: \_\_\_\_\_ May We Send a Confirmation Via Email? Yes  No

Sponsor's Original Weekend Type: Great Banquet  Walk to Emmaus  Cursillo  Awakening  Chrysalis  Other

Once the application is complete, email to [BNGreatBanquet@gmail.com](mailto:BNGreatBanquet@gmail.com) or mail to:

Attn. Registrar  
B/N Great Banquet Community  
P.O. Box 707  
Bloomington, IL 61702-0707