FIRST PRESBYTERIAN
Church of Fort Myers

Sponsor please mail to:
Fort Myers Great Banquet
2438 2nd Street Fort Myers, FL 33901

The Great Banquet

Guest Reservation Form

To be filled out by "Guest"

☐ Male ☐ Female Name _____

Preference for name tag: _____

Address: _____ Email: _____

City: _____ State: _____ Zip: _____

Phone: ( ) _____

Emergency Contact Name: _____ Relationship: _____

Emergency Contact Phone: ( ) _____

Name & Denomination of Church now attending: _____ ☐ None

Pastor's Name: _____ Your Age: _____

Marital Status: ☐ Married ☐ Single ☐ Divorced ☐ Widowed ☐ Separated

Present occupation: _____ Company: _____

Religious or community organizations you are active in: _____

Has the Great Banquet been explained to you? . . . . . ☐ Yes ☐ No

Have the reunion groups, gatherings, and follow-up meeting been explained to you? . . . . . ☐ Yes ☐ No

Are you on a special diet? . . . . . ☐ Yes ☐ No

If so, what? _____ Are you on special medication? . . . . . ☐ Yes ☐ No

Are you able to climb stairs comfortably (could your bedroom be upstairs)? . . . . . ☐ Yes ☐ No

Special medical concerns: _____

Please state briefly why you wish to be involved in the Great Banquet and what you expect from it: _____

_____

_____

Signature: _____ Date: _____

All of the above information is necessary for your proper placement in a Great Banquet. Please fill in all blanks. There is no specific charge for the weekend, but you will be given the opportunity to make an offering if you so desire. You may give any amount or nothing at all. We do request a $10.00 registration fee that should be given to your sponsor along with your completed application. Make checks payable to First Presbyterian Church. This form is an application, and its submittal does not guarantee acceptance. You may be placed on a waiting list since we only have a certain number of spaces available. Early applicants will be notified of acceptance by letter several weeks before the Great Banquet. Late applications will be handled as quickly as possible.

PLEASE PRINT THIS FORM, SIGN AND DATE IT, THEN RETURN THE SIGNED FORM TO YOUR SPONSOR WITH YOUR REGISTRATION FEE.

TO BE FILLED OUT BY SPONSOR:

Sponsor Name: _____

Address: _____
City: _____ State: _____ Zip: _____
Phone: ( ) _____