

Parker Baptist Association Carnival Trailer Reservation Form (Exhibit B)

Church Name _____

Church Address _____

Contact Person _____

Church Phone _____

Home Phone _____

Cell phone _____

Email _____

Location of Event _____

Date of Event _____

Will this equipment be used on/in: parking lot, gym, grassy surface

Set Up _____

Date

Time

Take Down _____

Date

Time

(Please note: You may be receiving the trailer from or releasing the trailer to other churches who are using the trailer before or after you, please keep this in mind as you plan your event.)

Responsible Person Signature

Your church will need to provide proof of liability coverage before the Carnival Trailer will be released.

Please return this form along with a \$100 deposit to the Association Office.