

DALLAS BAPTIST ASSOCIATION
Evangelistic Block Party Trailer (EBPT)
Request Form

Date of Request _____ Date of EBPT event reservation: _____

Church Name _____ Phone (_____) _____

Pastor Name _____ E-Mail _____

Church Web Site _____

Address _____ City _____ Zip _____

Person Authorized to pick up EBPT _____

Where will the Trailer be stored: _____

Address _____ City _____ Zip _____

Phone (_____) _____

(Church Name) _____ agrees to the Evangelistic Block Party Trailer (EBPT) usage policies and certifies that the appropriate people have read the EBPT Instruction Manual.

Signature _____

Staff Position _____

(Pastor or Authorized Staff Member)

Return signed and completed Request Form along with the following required documents:

_____ Certificate of Insurance – must verify General Liability Coverage and Dallas Baptist Association as Additional Insured

_____ Payment in full - \$200.00

Return form to Attn: Sharon Rodgers

By Mail:

Dallas Baptist Association
8001 East R.L. Thornton Frwy.
Dallas, TX 75228

By Fax: 214-320-5974

By email: sharonrodgers@dba.net