

# Kidz Blitz Event Agreement

Requested Date: \_\_\_\_\_ 2015 2016 2017 Event Start Time: \_\_\_\_\_ A.M / P.M.

**Scheduling for:**  Kidz Blitz Live  FamBlitz Live  Blitz Christmas

**Venue:**  Church Auditorium  Gymnasium  Civic Auditorium  Outdoor  Other

**Type of event:**  Church Event  VBS  Upward  Festival  Other \_\_\_\_\_

**How did you hear about Kidz Blitz?**  Facebook  Web Search  Word of Mouth  Conference  Other \_\_\_\_\_

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Church Name:

Contact Name:

Street:

Mobile number:

City, State, Zip:

Church phone:

Email address:

Church fax:

**Event Location** (if different from above):

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(Initial one)

\_\_\_\_\_ **1 EVENT** I agree to the total cost of \$\_\_\_\_\_ (\$900 non-refundable deposit and \$\_\_\_\_\_ event fee)

\_\_\_\_\_ **2 EVENTS** I agree to the total cost of \$\_\_\_\_\_ (\$900 non-refundable deposit and \$\_\_\_\_\_ event fee)

\_\_\_\_\_ **3 EVENTS** I agree to the total cost of \$\_\_\_\_\_ (\$900 non-refundable deposit and \$\_\_\_\_\_ event fee)

I understand that if I cancel Kidz Blitz within 30 days of the event date the church is responsible for the full event fee.

Print Your Name: \_\_\_\_\_ Position: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## \$900 Deposit Secures the Date

Check payable to Kidz Blitz

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_/\_\_\_(Month/Year) Security Code \_\_\_\_\_

Billing Address (required): \_\_\_\_\_

Signature: \_\_\_\_\_ Print name: \_\_\_\_\_

Comments: