

Blitz Party Event Agreement

Requested Date: _____ Year _____ Event Start Time: _____ A.M / P.M.

Venue: Church Auditorium Gymnasium Civic Auditorium Youth Room Other

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

Church Name:

Contact Name:

Street:

Mobile number:

City, State, Zip:

Email address:

Church phone:

Church fax:

Event Location (if different from above):

(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)

Includes all meals and travel expenses.

(Initial) _____ 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: _____

\$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: