

BLITZ EVENT AGREEMENT

Event Date(s): _____ Year _____ Event Start Time(s): _____ A.M / P.M.

Scheduling for: Kidz Blitz Live Fam Blitz Live Blitz Christmas Blitz Party

Number of Events: One Two Three Comment: _____

Venue: Church Auditorium Other _____

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

Church Name: _____

Street: _____

City, State, Zip: _____

Church phone: _____

Contact Name: _____

Mobile number: _____

Email address: _____

Event Location (if different from above): _____

\$900 DEPOSIT (non-refundable deposit to secure date)

\$ _____ BALANCE (due day of event)

\$ _____ TOTAL COST (deposit plus balance)

(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: _____

EVENT DEPOSIT

Check payable to: "Kidz Blitz"

Card Number: _____

Expiration Date: ___/___ (Month/Year) Security Code _____

Billing Address: _____

Signature: _____

Print Name: _____

For Office Use Only

Blitz Ministries

MAIL: 5028 Ashgrove Road, Nicholasville, KY 40356

EMAIL: info@KidzBlitz.com

FAX: 859.966.2582

TEL: 800.467.1711