

I have read and understand the "Regulations for Use of the Ministry Trailer" as provided by the ORBA.

Signature

Date

Name

Pick-up Date

Church

Return Date

Phone

Cell Phone

Address where inflatable(s) will be set up:

Date and Time Inflatables will be in use:

Please complete and sign the form and return to the Ohio River Baptist Association, P.O. Box 9, Salem, KY 42078-0009. It may be sent by fax to 270.988.0002.

Have you included the following:

_____ Certificate of Liability from your insurance company

_____ Copy of a valid driver's license from individual who plans to pick up the trailer.

_____ Copy of proof of insurance for the vehicle that will be picking up the trailer.

Items needed for the event:

_____ **Snow Cone machine and supplies**

_____ **Snow Cone supplies**

_____ **Popcorn Machine and supplies**

_____ **Popcorn supplies**

_____ **Small Bounce House**

_____ **Large Bounce House**

_____ **Obstacle Course**

_____ **10x10 Canopy**

_____ **10x20 Carport**

_____ **Generator**

_____ **Grill**