

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**