



Mt. Gretna Campmeeting Association, Inc.

P.O. Box 428, Mt. Gretna, Pennsylvania 17064
717-964-3040

Office@MtGretnaCampmeeting.org

Tabernacle Rental Application

Application Date: _____ e-mail address : _____

Application Type: ☐ Standard ☐ Wedding ☐ Non-Profit ☐ MGCA Member

Name of Organization: _____

Contact Person: _____

Mailing Address: _____

Day Phone: _____ Evening Phone: _____

Date and Day Requested (example Saturday, 12/18/2010): _____

Beginning Time of Use: _____ Ending Time of Use: _____

Rehearsal Date and Day Requested: _____

Beginning Time of Use: _____ Ending Time of Use: _____

Type of Activity Planned: _____

Expected Number in Attendance: _____

Will refreshments be served? Yes No

If yes, please detail. _____

Do you plan to use the sound system in the Tabernacle? Yes No

Specifically, what will you need, what do you plan to use the sound system for, how many microphones will you need, etc. _____

How many cars do you anticipate needing parking for? _____

Informational Meeting with Superintendent of Grounds:

Requested Date: _____ Requested Time: _____

I hereby affirm that I have read and will abide by the policies outlined in the Mt. Gretna Campmeeting Association Tabernacle rental policy.

Signature: _____

Date: _____

----- OFFICE USE ONLY -----

Approval Signature & Date: _____

Certificate of Insurance Due: _____ Final Payment Due: _____