



# 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: \_\_\_\_\_