

# 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: 267 Mulberry Ln., Lindale, GA 30147

EMAIL: ken@KidzBlitz.com

TEL: 865.577.4692