***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**