

DALLAS BAPTIST ASSOCIATION
Evangelistic Block Party Trailer (EBPT)
Request Form

Date of Request _____ Date of EBPT event reservation: _____

Church Name _____ Phone (____) _____

Pastor Name _____ E-Mail _____

Church Web Site _____

Address _____ City _____ Zip _____

Person Authorized to pick up
EBPT _____

Where will the Trailer be stored: _____

Address _____ City _____ Zip _____

Phone (____) _____

**(Church Name) _____ agrees to the Evangelistic Block Party
Trailer (EBPT) usage policies and certifies that the appropriate people have read the EBPT Instruction Manual.**

Signature _____

Staff Position _____

(Pastor or Authorized Staff Member)

Return signed and completed Request Form along with the following required documents:

____ Certificate of Insurance – must verify General Liability Coverage and Dallas Baptist Association as
Additional Insured

____ Payment in full - \$200.00

Return form to Attn: Cesar Zamora

By Mail:

Dallas Baptist Association
8001 East R.L. Thornton Frwy.
Dallas, TX 75228

By Fax: 214-320-5974

By email: cesarzamora@dba.net

FOR DBA OFFICE USE ONLY

Current ACP

**Consistent pattern of
financial support to DBA**