

Group Reservation Confirmation Form

Group Name: _____

Contact Name: _____

Number in your Group: _____

Presentation Date: _____

Arrival Time: _____

Tour Time: _____

Total Requested Donation (\$2.00 per person): _____

We request pre-payment to hold reservations for groups of 15 or more. Payment should be made by (date two weeks prior) to (Church name): Attention Judgement House® and mailed to the address below. Thank you.

LOCATION:
Church Name
Street Address
City, State, Zip
Phone

**PLEASE BRING THIS CONFIRMATION TO THE REGISTRATION
TABLE THE NIGHT OF YOUR RESERVATION.**