WEST JAMAICA CONFERENCE OF SEVENTH-DAY ADVENTISTS
Ministerial Department

Tent Application

Pastor’s Name:…………………………… Pastoral District:……………………………………
Contact Number:……………………… Email:………………………………………………

N.B. This form shall be submitted NO LESS THAN FIVE (5) MONTHS BEFORE the proposed date of
the Campaign. Arrangements must be made in advance for the collection and return of all tents and
equipment. Tents and chairs will be delivered and received Sunday to Thursday between the hours of 8am
- 5pm, and Fridays 8am - 12noon. Twenty percent (20%) of budgetary appropriation will be withheld until
the safe return of such tent and equipment. Kindly be advised that part or all of this amount may be forfeited
if:

(a) there is loss or damage of tents, chairs, and equipment
(b) tents, chairs and equipment are returned outside of stated hours
(c) inadequate number of persons came to pack and off-load tents, chairs and equipment, in their
respective storage areas.

Tent required: Small ☐ Medium ☐ Large ☐

When was the last time you had a tent in your district?...................................................................

Name of Church/es Sponsoring the Campaign:..................................................................................
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Location at which Campaign to be held:.............................................................................................

Start Date of Campaign:..................................................................................................................
End Date of Campaign:....................................................................................................................
Date tent will be collected:................................................................................................................
Date tent will be returned:..................................................................................................................
Name of Evangelist:...........................................................................................................................
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Signature of Pastor……………………………... Date of Application……………………………

FOR OFFICIAL USE ONLY

Date received:…………………………… Signature of receiver:……………………………
Ministerial Secretary

Date approved/denied:……………………………
Comments:.................................................................................................................................
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THIS FORM MUST BE COMPLETED IN DUPLICATES.