

The Coming King Foundation revised 5/30/17 dm

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www.thecomingkingfoundation.org * www.thecrossatkerrville.org * www.pavethewaytothecross.org
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TCKF Sanctioned Event Application

**30 DAY ADVANCE NOTICE IS REQUESTED TO MAKE YOUR EVENT SUCCESSFUL
A DONATION OF \$150 IS SUGGESTED AND APPRECIATED. THANK YOU!**

Fill out and email to: Debbyetckf@gmail.com

Please check appropriate categories:

- Child/Baby Dedication _____
- Communion Service _____
- Evangelism Service _____
- Healing Service _____
- Non-religious event _____
- Prayer-Praise-Worship _____
- Water Baptism _____
- Bible Study _____
- Other _____

*TCKF allows "Sanctioned Events" at the Garden with prior written approval. No events will be held inside the cross. All religious events must be Christian and acknowledge that Jesus Christ is God, and the Bible as the only written Word of God. This privately owned park is open to the public seven days a week, 7:00 AM until Midnight. No services are available except electricity, location and Christian clergy. TCKF determines all fees and charges for an event. Applicant assumes all liability of their event. TCKF is not responsible for event. *Events held without prior authorization will be subject to a fine.*

Please describe your event:

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1. Primary purpose of your event: _____
 2. Sponsor of your event (group or individual): _____
 3. Preferred Location at Sculpture Garden for the event: _____
 4. Number of people who will be involved hosting the event: _____
 5. Is this a reoccurring event? _____
 6. Preferred day & date(s) of your event: _____
 6. Preferred time of event: _____
 7. Number of people invited to your event: _____
 8. Do you have liability insurance to cover your event? _____
 9. Will you provide security? _____
 10. Will you be taking up an offering for TCKF at your event? _____
 11. Will you be handing out literature at your event? (Please provide a copy.) _____
 12. Will you be selling books, CDs etc? _____
 13. Name and phone number of your clergy official: _____
 14. Event Host or Coordinator name: _____
 15. Coordinator phone and email: _____

Applicants Name & Address: _____

Phones & Email: _____

Signature of Applicant: _____ Date: _____

TCKF accepts no liability for event. Applicant must provide all items necessary for their event.

DO NOT WRITE BELOW THIS LINE

TCKF Approval? _____ Date: _____ Approved by: _____ Calendar: _____