



# VB Hospitality Form

**Curtis L. Johnson, Senior Pastor**  
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**Today's Date:** \_\_\_\_\_

*Please complete and fax to our office at your earliest convenience – Attn: Sonji Mims Adams  
 Also, please mail or email (sonjia@valleybrookoutreach.org) a color photograph and biography.*

<b>Title:</b> <i>(Please check one)</i>	<input type="checkbox"/> Apostle <input type="checkbox"/> Prophet <input type="checkbox"/> Evangelist <input type="checkbox"/> Pastor <input type="checkbox"/> Elder <input type="checkbox"/> Minister <input type="checkbox"/> Other _____ <i>(please specify)</i>		
<b>Name:</b>	<hr/> <p style="text-align: center;"><i>First Name</i> <span style="margin-left: 200px;"><i>Last Name</i></span></p>		
<b>Date(s) of service:</b>		<b>Time:</b>	
		<input type="checkbox"/> AM <input type="checkbox"/> PM	
<b>What do you prefer to drink?</b> <i>(Please check all that apply):</i>	<input type="checkbox"/> Hot Tea <input type="checkbox"/> w/Honey <input type="checkbox"/> w/ Lemon <input type="checkbox"/> Grapefruit Juice <input type="checkbox"/> room temp <input type="checkbox"/> cold <input type="checkbox"/> Prior <input type="checkbox"/> During <input type="checkbox"/> After ministering <input type="checkbox"/> Prior <input type="checkbox"/> During <input type="checkbox"/> After ministering <input type="checkbox"/> Sweet Tea <input type="checkbox"/> room temp <input type="checkbox"/> cold <input type="checkbox"/> Lemonade <input type="checkbox"/> room temp <input type="checkbox"/> cold <input type="checkbox"/> Prior <input type="checkbox"/> During <input type="checkbox"/> After ministering <input type="checkbox"/> Prior <input type="checkbox"/> During <input type="checkbox"/> After ministering <input type="checkbox"/> Spring water <input type="checkbox"/> room temp <input type="checkbox"/> cold <input type="checkbox"/> 100% Fruit Juice _____ <i>(type)</i> <input type="checkbox"/> Prior <input type="checkbox"/> During <input type="checkbox"/> After ministering <input type="checkbox"/> Prior <input type="checkbox"/> During <input type="checkbox"/> After ministering <input type="checkbox"/> Other _____ <i>(please specify)</i> <input type="checkbox"/> Prior <input type="checkbox"/> During <input type="checkbox"/> After ministering		
<b>Adjutant or Minister:</b>	Will an Adjutant or Minister accompany you? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, name: _____ If no, would you like a VB Adjutant? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Travel:</b>	How do you prefer to travel to Greenville, SC? <input type="checkbox"/> Car <input type="checkbox"/> Train <input type="checkbox"/> Air <input type="checkbox"/> Bus	If travel by air, do you prefer Valley Brook to book flight? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, preferred carrier: Airport Name: Frequent Flyer #:	
<b>Travel, Time of Day; Hotel:</b>	<b>ARRIVAL:</b> <input type="checkbox"/> Early AM <input type="checkbox"/> Mid-day <input type="checkbox"/> Evening	<b>DEPARTURE:</b> <input type="checkbox"/> Early AM <input type="checkbox"/> Mid-day <input type="checkbox"/> Evening	<b>HOTEL:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Type: <input type="checkbox"/> Suite <input type="checkbox"/> King <input type="checkbox"/> Dbl
<b>Dinner:</b>	<input type="checkbox"/> Prefer to eat at facility <i>(home-cooked)</i> <input type="checkbox"/> Prefer to eat out <input type="checkbox"/> Prefer not to eat	Type(s) of food:	Food Allergies:
<b>Media:</b>	Will you sell media materials during event? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, <input type="checkbox"/> Materials arriving via mail <input type="checkbox"/> Media team	If arriving by mail, will you need VB assistance to sell? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b><i>Please indicate any other special needs or requests</i></b>			
<b><i>Office Use Only</i></b>			
Hotel Confirmation #		Processor Signature:	
Airline Reservation #		Date Processed:	