



KAIROS OUTSIDE

GUEST RESERVATION FORM

Please print clearly when completing this form.

Name _____ Age _____ Birth Date _____

Preferred Name on Name Tag _____

Address _____

City _____ State _____ Zip _____

Phone (Home) _____ (Work) _____ (Cell) _____

Email Address _____

Best Time/Place to Contact _____

Children and ages _____

Special Needs _____

() Diet _____

() Transportation _____

() Childcare _____

() Medical _____

() Other _____

Comments/Notes _____

Incarcerated Family Member _____ Relationship _____

DOC ID# _____ Facility _____

Facility Chaplain _____ Phone # _____

Address _____

City _____ State _____ Zip _____

Guest Given Reservation Form By _____

♥ **Please Note: Kairos outside Weekends are Drug, Alcohol and Fragrance free.**

Mail Completed Reservation to:

**Kairos Outside of Western North Carolina
PO Box 632, Belmont NC 28012-0632**