

# Crie Haven Ministries, Inc.

## Reservation Request Form

Please fill out this form to begin your reservation.

\* Indicates a question is required.

1. \_\_\_\_\_

Applicant Name \* Include First and Last Name

### Arrival & Departure

2. \_\_\_\_\_

Expected Date of arrival: \*

Example: December 15, 2012

3. \_\_\_\_\_

Expected Time of arrival: \*

Example: 8:30 AM

4. \_\_\_\_\_

Expected Date of departure: \*

Example: December 15, 2012

5. \_\_\_\_\_

Expected Time of departure: \*

Example: 8:30 AM

### Occupant Info

6. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Group Member Names (Kids under 12) \* Include First and Last Name along with ages.

Mail to: Crie Haven Director, c/o 11 James St, Rockland, ME 04841

Questions: 207.975.0246 / [info@criehavenministries.org](mailto:info@criehavenministries.org)

Visit us: 14 Summer St Rockland, ME 04841

# Crie Haven Ministries, Inc.

## Reservation Request Form

### Room/Bed Selection

Enter number needed. Enter "0" if it does not apply.

7. \_\_\_\_\_  
Number of Single Beds Needed \* 5 Single Beds Total - Room 1 (\$40 per- person per-night) = 1 Queen and 1 Single, Room 4 (\$35 per-person per-night)= 2 Singles, Room 5 (\$35 per-person per-night) = 1 Double and 1 Single

8. \_\_\_\_\_  
Number of Double Beds Needed \* 2 Double Beds Total - Room 3 (\$35 per- person per-night) = 1 Double, Room 5 (\$35 per-person per-night) = 1 Double and 1 Single

9. \_\_\_\_\_  
Queen Bed 1 Queen Bed Total - Room 1 (\$40 per- person per-night) = 1 Queen and 1 Single

### Applicant Info

10. \_\_\_\_\_  
Applicant Current Address \*

11. \_\_\_\_\_  
Applicant Email \* Please re-enter email from above here.

12. \_\_\_\_\_  
Applicant Home Phone

13. \_\_\_\_\_  
Applicant Cell Phone \*

### Christian Church/Organization Info

14. \_\_\_\_\_  
Christian Church/Organization Name \*

15. \_\_\_\_\_  
Contact Person's Name \* Include First and Last Name

16. \_\_\_\_\_  
Contact Email and/or Phone \*

17. \_\_\_\_\_  
Church/Organization Website

Mail to: Crie Haven Director, c/o 11 James St, Rockland, ME 04841

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## Reservation Request Form

### Emergency and Other Contacts

18. \_\_\_\_\_  
Emergency Contact Name \* Include First and Last Name

19. \_\_\_\_\_  
Emergency Contact Phone and/or Email \*

20. \_\_\_\_\_  
Any Rockland Area Contact Name \* Include First and Last Name

21. \_\_\_\_\_  
Any Rockland Area Contact Phone and/or Email \*

### Additional Info

22. Would you like to receive periodic e-news about Crie Haven and regional events? \* Circle only one.

Yes / No

23. Yes, I understand that once I have been notified by email about my accommodation availability, a deposit of 50% will confirm my reservation. Checks should be mailed to Director c/o 11 James St Rockland, ME 04841 \* Circle only one.

Yes / No

24.  
Not required but we would appreciate a short paragraph about you and/or your ministry:

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