

Reservation Request Form

Please fill out this form to begin your reservation.

* Required

1. Email address *

Arrival & Departure

2. Expected Date of arrival: *

Example: January 7, 2019

3. Expected Time of arrival: *

Example: 8:30 AM

4. Expected Date of departure: *

Example: January 7, 2019

5. Expected Time of departure: *

Example: 8:30 AM

Occupant Info

6. Applicant Name *

Include First and Last Name

7. Group Member Names *

Please include ages for kids 12 and younger.

Room/Bed Selection

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

8. 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

9. 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

10. Queen Bed

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

Applicant Info

11. Applicant Current Address *

12. Applicant Email *

Please re-enter email from above here.

13. Applicant Home Phone

14. Applicant Cell Phone *

Church or Organization Info

15. Christian Church/Organization Name *

16. Contact Person's Name *

Include First and Last Name

17. Contact Email and/or Phone *

18. Church/Organization Website

Emergency and Other Contacts

19. Emergency Contact Name *

Include First and Last Name

20. Emergency Contact Phone and/or Email *

21. Any Rockland Area Contact Name *

Include First and Last Name

22. Any Rockland Area Contact Phone and/or Email *

Additional Info

23. Would you like to receive periodic e-news about Crie Haven and regional events? *

Mark only one oval.

Yes

No

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

25. 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 Crie Haven Director c/o 161 Yamacraw Place, Lexington, KY 40511 *

Mark only one oval.

Yes

Thank You!

This application information will be forwarded to a Crie Haven Director at info@criehavenministries.org.

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