



KAIROS OUTSIDE OF GEORGIA GUEST RESERVATION FORM

Name: _____ Name for Name tag: _____

Age: _____ Birth Date: _____ E-Mail _____

Address: _____

City: _____ ST: _____ Zip: _____

Telephone (Home) (____) _____ - _____ (Work) (____) _____ - _____

Best Time/Place to Call _____ AM PM Home Work

Emergency Contact: Name _____ Telephone (____) _____ - _____

Relationship to you _____

Special Needs: _____

() Diet _____

() Transportation _____

() Medical/Physical Limits _____

() Other _____

Were you previously incarcerated? Yes No

Which Prison: _____ Release Date _____

If on parole/probation, you will need a letter of permission from your Parole Officer

Other comments: _____

Incarcerated Family Member: _____

Relationship to you: _____ **DOC ID** _____

Facility: _____

Address: _____

City _____ State _____ Zip _____

Guest Given Reservation Form By: _____

Mail Completed Application to the following address:

KO of Georgia, PO Box 407, Centerville, GA 31028-0407

If you are a potential Guest for the upcoming Kairos Outside Weekend and are on parole or probation, **written permission** from your supervising parole or probation officer is required a minimum of 14 days in advance of the Friday Weekend start date.

Please complete Section A, have your supervising officer complete Section B, and then mail this form to us.

Kairos Outside may contact your Parole / Probation Officer.

Section A – Guest Information:

Planning to attend Kairos Outside Weekend # _____ on _____, 20____

Name of Retreat Center: _____

Address _____

City _____ State _____ Zip _____

Are you on probation or parole (**circle one**)

Section B – Parole / Probation Officer:

Name: _____ Title _____
(please print)

Address _____

City _____ State _____ Zip _____

Phone (work) _____ (cell) _____

E-mail address _____

_____ *Approved* _____ *Denied*

Signature _____ Date _____

Approved by KO Committee 1/18/10