

Room In The Inn Congregational Registration

Congregation: _____	
Minister/Director: _____	
Address: _____	
City: _____	Zip Code: _____
Telephone: _____	Fax: _____
Website: _____	Email Address: _____
Primary Coordinator: _____	
Address: _____	
City: _____	Zip Code: _____
Home Phone: _____	Work/Other Phone: _____
Email Address: _____	
Back-Up Coordinator: _____	
Address: _____	
City: _____	Zip Code: _____
Home Phone: _____	Work/Other Phone: _____
Email Address: _____	

Night of the Week: _____	Number of Guests: _____		
Phone Number Where Guests Stay: _____	Gender: _____		
Shower: Y N	Clothing: Y N	Laundry: Y N	Sack Lunches: Y N
Wheel Chair Accessible: Y N	Other Information: _____		
What congregation, if any, is working with you? _____			

Room In The Inn November 1st – March 31st

NOVEMBER						
M	T	W	T	F	S	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

DECEMBER						
M	T	W	T	F	S	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

January						
M	T	W	T	F	S	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	28	30	31			

February						
M	T	W	T	F	S	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	25	27	28			

MARCH						
M	T	W	T	F	S	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

Please mark the dates you plan to host Room In The Inn at your congregation.

If you need to make a change in your schedule, please call 251-7019 at least 24 hours in advance.

Room In The Inn 24/7 Emergency Number: 251-7064