

Room in the Inn–Memphis Congregational Registration Form

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? _____

NOVEMBER

S	M	T	W	T	F	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

S	M	T	W	T	F	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

S	M	T	W	T	F	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

FEBRUARY

S	M	T	W	T	F	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

MARCH

S	M	T	W	T	F	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—Memphis.