

**Reservation for Overnight Lodging at**

*The Sanctuary*

921 W. Main Street – Whitewater, WI 53190

Telephone: (262)473-7472 Fax: (262)473-9724 Email: [hewingph@idcnet.com](mailto:hewingph@idcnet.com)

**PLEASE CALL FOR AVAILABLE ACCOMMODATIONS BEFORE REMITTING THIS FORM.**

*The Sanctuary Rooms are reserved only when registration with deposit is received.*

*Credit cards are accepted.*

Name:	_____	Date:	_____
Address:	_____	Phone:	_____
City/State:	_____	Zip:	_____
Email:	_____		_____

**Closed Monday - Wednesday**

**Thursday - Saturday \$85.00 (Individual) \$110.00 (Married Couple) per night**

**Thursday check-in 11:00 am – 3:00 pm**

**Friday check-in 11:00 am – 7:00 pm / Saturday check-in 10:00 am – 1:30 pm**

**No check-in Sundays**

**Friday– Saturday check-out by 12:00pm or earlier / Sunday check-out 9:00 am**

**It is important that you indicate the specific time of your arrival.**

Date of Arrival:	_____	Time Of Arrival:	_____
Date of Departure:	_____	Time of Departure:	_____
Amount for Stay:	\$ _____	Donation: \$ _____	Amount Enclosed/Prepaid \$ _____

**A deposit is required. ANY MONIES PAID IN ADVANCE ARE NON-REFUNDABLE**

If you must cancel your stay and have paid the deposit or full amount, this may be **APPLICABLE** for another stay within three months-- **ONLY** if you call before the day of your scheduled arrival.

Write a brief paragraph below regarding your ministry, and/or your relationship with the Lord and/or your church affiliation. (Use back of sheet if necessary.)

Briefly describe what you hope will be the results of your stay at The Sanctuary. That is, what are you expecting the Lord to do for you or what are you asking of God?