

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

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:	_____		_____

Monday- Thursday \$75.00 (Single) \$100.00 (Married Couple) per night
check-in 11:00 am – 3:00 pm
Friday - Sunday \$85.00 (Single) \$110.00 (Married Couple) per night
Friday check-in 11:00 am – 7:00 pm / Saturday check-in 11:00 am – 1:30 pm
No check-in Sundays
Monday – Saturday check-out 9:00 am – 12 noon / 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. DEPOSITS ARE NOT REFUNDABLE

If you must cancel your stay and have paid the deposit, this deposit 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.)

Also 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?

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