



KAIROS OUTSIDE GUEST RESERVATION FORM

Name _____ Age _____ Birth Date _____

Address _____

City _____ State _____ Zip _____

Telephone (home) _____ (Work) _____

Email _____

Best Times/Place to Call _____

Children and ages _____

Special Needs _____

() Diet _____

() Transportation _____

() Medical _____

() Other _____

Comments/Notes: _____

Incarcerated Family Member _____ Relationship _____

DOC ID# _____ Facility _____

Address _____

City _____ State _____ Zip _____

Guest Given Reservation Form By: _____

Mail completed Application to:

**KAIROS OUTSIDE OF OHIO
PO Box 44
Pataskala, OH 43062**