

BETHEL VISITORS GUEST ROOM REQUEST

TO BE FILLED OUT BY THE CONGREGATION PUBLISHER

Before filling out this form, please carefully read the information contained in the *Bethel Visitors Guest Room Request—Instructions* sheet. Thereafter, please type or neatly print the following information. Completed forms should be given to the Congregation Service Committee, who will submit approved forms to the NCB Desk.

1	Room Contact (Same as #1 in Box 2): _____ <div style="display: flex; justify-content: space-around; font-size: small;"> (First Name) (Last Name) </div>			
Room Contact	Address: _____ City: _____ State: _____ ZIP: _____ Telephone: _____ E-mail Address: _____ (Required) Congregation: _____ <div style="text-align: center; font-size: x-small;">(Congregation name)</div>			
2	Names of persons occupying <u>ONE</u> room (two queen beds)	Age	Gender (M/F)	Relationship to one another
Occupants	(First Name) (Last Name)			
	1.			
	2.			
	3.			
	4.			
3	Check-in Date (mm/dd/yyyy)	Check-out Date (mm/dd/yyyy)	Total Nights (5 nights max.)	Check if willing to accept a partial stay within specified dates.
Date(s)	Preferred: _____ - _____	_____ - _____	_____	<input type="checkbox"/>
	Alternate 1: _____ - _____	_____ - _____	_____	<input type="checkbox"/>
	Alternate 2: _____ - _____	_____ - _____	_____	<input type="checkbox"/>
4	Comments (Handicap accessibility, etc.)			
5	For Use by Those Requesting Multiple Rooms Only			
Group Contact	Group Contact Identifier: _____ <div style="display: flex; justify-content: space-around; font-size: small;"> (Last Name) (First Name) (Congregation Number) </div> Telephone: _____ E-mail Address: _____ (Required)			

TO BE FILLED OUT BY THE CONGREGATION SERVICE COMMITTEE

After reviewing the letter dated March 19, 2017, to all congregations, please verify that all information is accurate and that the ones listed above are baptized Jehovah's Witnesses (or unbaptized publishers) and their minor children. All such ones must have a good standing in the congregation. Thereafter, you should submit approved forms electronically (using the PDF format provided) via the jw.org Inbox feature.

_____ (Coordinator of the body of elders)	_____ (Secretary)	_____ (Service overseer)
_____ (Congregation number)		