

Overnight Stays
Group Registration

This completed form AND your deposit night payment are needed to reserve spaces

Organization Information

Name of Church or
Sponsoring Organization: _____

Contact Information

Contact Person: _____ Title: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone Number: () _____

Evening Phone Number: () _____

Contact E-mail: _____

Trip Information:

Cost: \$20 per person night

First Choice Date and Time of arrival _____ Date and Time of departure _____

Second Choice Date and Time of arrival _____ Date and Time of departure _____

We will contact you as soon as possible:

- ⇒ If your first choice is taken, we will automatically register you for your second choice.
- ⇒ If neither of your choices are available, we will contact you to discuss alternate dates.

Approximate Number of People: YOUTH _____ ADULTS _____ TOTAL PEOPLE: _____

Driving or Public Transportation to Fourth Church? If driving how many vehicles will require parking?

Do any members of your group have any special needs? If, so please explain:

Payment Information:

\$20 per person per night

In order to reserve your space please submit this form and a deposit of \$200. The deposit is non-refundable, and will be applied to your final payment.

The final payment must be submitted at or before arrival.

Checks payable/mailed to:
Fourth Presbyterian Church
attn. Katie Patterson
126 E Chestnut
Chicago, IL 60611