

Fill out front page and mail in with your money order or cashier's check. (You keep page 2)

ROOM AT THE INN MINISTRY
A ministry of Gideon Lutheran Church
RESERVATION AGREEMENT AND APPLICATION
(Revised as of 10/1/2007)

In an effort to provide families of Coyote Ridge Corrections Center (CCRC) offenders and families of Camp Outlook trainees access to affordable accommodations, Gideon Lutheran Church is offering reduced rate guest rooms. If you are interested in using this service, please read the following Rules of Conduct and complete the front page of application. Sign the application form to indicate you agree to the Rules of Conduct, remove the front page and mail it to the address at bottom of page, along with your payment of \$20 per night. **Please keep the second page of this form for your own reference.**

RULES OF CONDUCT:

Applicants agree to mail their reservation fee of \$20 per night along with the signed and completed application, postmarked at least 3 Weeks in advance of the dates requested. Please send funds in the form of a money order or cashier's check made payable to, "Room at the Inn Ministry." We are unable to accept checks, cash, or credit cards. If you do not mail your application in on time, it will be rejected. Room at the Inn Ministry will contact applicants by phone, **after their application has been approved.**

Applicants understand that they must be on the approved visitor's list for the offender they are visiting prior to their reservation request being submitted and/or approved. Ministry services will be extended to inmate's **IMMEDIATE FAMILY ONLY**. For this program, immediate family is considered father, mother, legal spouse, child (by birth or legally adopted), brother, sister, or grandparent. Fiancé does **NOT** qualify for this program. Preferences will be given to families with children.

Applicants understand that there is a limit on using this program. After meeting program qualifications, each offender's family will have the opportunity to use the program **12 nights per 12 month period**, with the 12 months beginning with the first use of program. This means if different family members of the same offender wish to use the program, they must split the 12 nights between them. (This will be done on a first come, first serve basis.) Also, there is a limit of using the program for no more than 4 nights in a row. This program helps provide 1 motel room only per family, per night.

Applicants will adhere to all motel policies and will be responsible for any motel charges in addition to room and tax. Applicants must be 18 years old or older.

Applicants will be responsible for any damages incurred while guests at the motel.

Applicants agree to allow Gideon Lutheran Church to exchange contact information with M & M Motel or Tumbleweed Motel management in order to confirm reservations. Also, by utilizing this ministry, the applicants agree to allow Gideon Lutheran Church to verify visitation privileges with CRCC or Camp Outlook, and the exchange of their contact information with a congregation in their home community.

Applicants understand that accommodations are subject to availability. Both motels are used for this program, and applicants do not get to choose which motel they will be staying at. If we are unable to accommodate your request, a full refund of any monies paid will be returned to the applicant.

Applicants understand that their reservation fee will be forfeited if they do not use the room on the evening that it has been reserved.

Applicants agree to be courteous to the motel management. It is only because the motels are generously willing to work with this program, that we can offer this ministry. Applicants also understand that this program offers a discounted motel room **ONLY**. It **DOES NOT** include gas vouchers or food vouchers, or transportation of any kind.

Anyone who violates the **RULES OF CONDUCT** will not be allowed to utilize this ministry in the future. We reserve the right to refuse service to anyone.

Name _____ Relationship to Inmate/Trainee _____

Mailing Address _____ City _____ State _____ Zip _____

Inmate's Name _____ Inmate's DOC # _____

Phone () _____ Home _____ Work _____ Cell (please circle one)

Date(s) requested _____ # Adults _____ # Children _____

Smoking or Non-Smoking Room? _____

of Nights requested _____ X \$20 / night = \$ _____ Total Amount Enclosed _____

Are you a member of a congregation in your home community? **NO YES** Congregation Name _____

I have read and agree to abide by the **RULES OF CONDUCT** for the Room at the Inn Ministry and have completed this application honestly and to the best of my ability. I also agree to allow Gideon Lutheran Church to confirm my visitation privileges with either CCRC or Camp Outlook and to share my contact information with a congregation in my home community.

Signature of Applicant _____ Date _____

Please mail front page of this application **ALONG WITH A MONEY ORDER OR CASHIER'S CHECK FOR THE TOTAL AMOUNT DUE TO:** ROOM AT THE INN MINISTRY, P.O. BOX 643, CONNELL, WA 99326

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