

God's Rest Ministries

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Name: _____

Address: _____

Phone: Daytime/Wk _____

Evening _____

Cell _____

E-MAIL _____

Date of Arrival _____

Date of Departure _____

Method of Transportation/Flight Information _____

Required Meals _____

Food Allergies or dislikes _____

Organization/Ministry _____

We will contact you or your representative after we have received your information to confirm your reservation if openings are available. Thank you for your interest.