Evangelical Mission Groups Booking Request

Ministry Name _____

Phone _____ Email _____

Address _____

_____

Ministry Website _____

Ministry Statement of Belief, purpose and mission (Attach if not stated on ministry website)

Denominational affiliation _____

Retreat Dates _____

Group Size _____

I have read, understand and agree to SGICR Terms and conditions _____ (Yes/No)

Special Conditions (Special needs, Unique medical conditions, Request of early check-in or extended check-out)

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