

EPIPHANY MISSION CENTER RESERVATION FORM

(Please complete the form, include a \$100 space reservation deposit, and return it to Catherine Manhardt at 1317 G St. NW, Washington, DC 20005)

Name of Organization/Church sponsoring the group _____

Name of on-site group leader _____

Phone number where on-site group leader may be reached in case of emergency _____

Date and time of arrival _____

Date and time of departure _____

Number of nights staying at Epiphany _____

In which program would you like to participate?

Please check all that apply:

- EMC-DC (Friday Night and Saturday) \$400
- Welcome Table Mission Partner Contribution (Sunday Morning) \$500
*Sponsorships are to be received 30 days prior to arrival.
- Street Church Mission Partner Contribution (Tuesday Afternoon) \$200

A \$100 reservation deposit must be received with this form in order to reserve the Mission Center overnight. For overnight groups, the fee is \$30 per person per night.

Total number of people _____ x \$30 x number of nights _____ = \$ _____ - \$100 Reservation Deposit = \$ _____

Number of adults in the group _____ (Minimum of 1 adult per 5 youth)

Number of youth in the group _____

Submitted by _____ Day time phone _____

Billing Name and Address _____

Contact's email address _____

Submitted to Church on _____

Approved by Rector on _____

Staff Member Assigned _____

Confirmed to organization on _____

Listed on Church calendar on _____ (The Mission Center cannot be reserved without completion of this form)

PLEASE NOTE:

In case of cancellation, notify your host no less than 24 hours before time of arrival. (Reservation deposits will not be returned in the event of a cancellation.)

Office telephone: (202) 347-2635-- Email: cmanhardt@epiphanydc.org

**The Church of the Epiphany is not responsible for articles left in the buildings by groups or individuals who use the space.
(Please see Liability Waiver)

**The Church of the Epiphany cannot guarantee parking availability.