

Wheatstate Camp/ Santa Fe Lake Rd, Augusta, KS

GUEST RESERVATION - KAIROS OUTSIDE WEEKEND

A Kairos Outside Weekend is a no-cost retreat, hosted by a Christian community, for women who now have (or have had) relatives and/or friends in State and Federal prisons, jails, youth facilities, or who have been incarcerated themselves. These women are shown Christ's love and treated as Guests of Kairos Outside. To attend, Guests do not need to be Christian. Weekends are usually held twice per year and last from Friday evening until Sunday afternoon. Kairos Outside Weekends are Drug, Alcohol and Fragrance free.

Please fill in the information below, the information on back (if it applies to you), sign and date the form, and mail it to us at the address listed above. We will then contact you about an upcoming Weekend.

	INMATE INFORMA	TION	
Name		If incare	cerated, please fill in:
Name of Institution			
DOC Identification No.			
Address			Zip
If not incarcerated, please fill i	n: Phone Number ()		
	City		Zip
	Phone numbers are very important. Your Relationship to Inmate		
Address			
Email:		Otato	P
Phone: Home ()		Cell ()	
Transportation to the Weekend is	needed (check one) Ye	s No	
Emergency Contact	Phone		
Relationship			
Referred by (if applies):			
Your Signature			
	- OVER -		

If you are a potential Guest for the upcoming Kairos Outside Weekend and are on parole or probation, **written permission** from your supervising parole or probation officer is <u>required</u> a minimum of <u>30 days in advance of the Friday Weekend start date</u>.

If you are a prior inmate, to be a Guest, 12 months must have passed since your release.

Please complete Section A, have your supervising officer complete Section B, and then mail this form to us.

Kairos Outside may contact your Parole / Probation Officer.

Section A – Guest Information:			
Planning to attend Kairos Outside Weekend #_	on	, 20	
Name of Retreat Center:			
Address	+++++		
City	State	Zip	
Are you on probation or parole? (circle one)			
Your Signature	Today's Date		
By my signature, I certify my Parole/Probation Officer, if months since my release from prison.	required, has b	been notified of this Retreat, and it has been 12	
Section B – Parole / Probation Officer:			
Name:	Title		
(please print)			
Address			
City	State	Zip	
Phone (work)	(cell)		
E-mail address			
Approved Der	nied		
Signature	Date		