



PO Box 427
Cedar Hill, TX 75106-0427
Phone : 972-291-7156
Fax: 972-291-4958

Application for Retreat Account

1. ACCOUNT TYPE (Check Appropriate Box)

Church Church-Affiliated Organization Non-Profit Religious Organization Non-Profit Educational Organization
Other _____

2. PRIMARY ORGANIZATION INFORMATION

Name of Church or Organization _____

Name of Sponsoring Church or Organization (if applicable) _____

Phone _____ Fax _____

Organization's Website Address _____

Permanent Physical Address (Do not include PO Box):

Street _____

City _____ State _____ Zip _____

Billing or Mailing Address (If different from permanent address):

PO Box/ Address _____

City _____ State _____ ZIP _____

Name of Principal Officer or Minister (Person with general supervision or control over the organization.)

_____ Title _____

Name of Person Authorized to Receive Invoices and Billing Information:

_____ Title _____

Organization's Taxpayer Identification Number _____

3. PRIMARY CONTACT INFORMATION

Name _____ Phone _____

Relationship/ Affiliation to Primary Organization _____

Email _____

4. DESCRIPTION OF THE PURPOSES AND ACTIVITIES OF ORGANIZATION _____

5. APPLICANT'S STATEMENT:

By signing this application, you affirm that the information you have provided is accurate and agree to notify us Of any changes in the information provided. You also attest that the organization is a valid church, ministry, or non-profit organization. Mt. Lebanon reserves the right to refuse, accept, cancel, or alter any booking request or reservation. A deposit will be required with your reservation request and final payment will be due prior to arrival. Mt. Lebanon does not accept reservations for family reunions or weddings.

Signature _____ Date _____

Print Name _____