



PO Box 427  
Cedar Hill, TX 75106-0427  
Phone : 972-291-7156  
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## 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 \_\_\_\_\_

Non-profit Groups Only: Tax Exempt Number \_\_\_\_\_

### 3. PRIMARY CONTACT INFORMATION (person who is booking the retreat)

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 \_\_\_\_\_