

morning light foundation, inc.

P.O. BOX 570624, ATLANTA, GEORGIA 30357 / (770) 794-0247

Rest & Study Application

1. Mr. / Mrs. / Miss / Ms. _____
(First Name) (Last Name)

Street address _____

City _____ State _____ Zip code _____

Cell phone _____ Home phone _____

Email address _____

2. Reason for visit _____

3. Arrival date _____ Departure date _____

4. Are you a member of The Mother Church? _____

Are you a member of a branch church? _____ Name of branch? _____

Please Provide: A Journal-listed Christian Science practitioner contact

Name _____ Phone _____

5. Emergency Contact _____ Phone _____

Relationship _____ (spouse, child, sibling)

Individuals who stay at The Lodge are expected to be supportive of Morning Light Foundation's mission, healing atmosphere and living in accord with the standards of Christian Science during their stay with us.

- Morning Light Foundation's standards and mission are in accord with the teaching, study and practice of Christian Science
- Rest & Study accommodations are for guest who are independent and do not include Christian Science nursing care or personal assistance.

I affirm that I will abide by these standards during my stay at The Lodge.

Signature _____ Date _____

Return this application

Electronically – Email: mail@morninglightcs.org

Or

Mail – Address: Morning Light Foundation

P O Box 570624

Atlanta, GA 30357