



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

Rest and Study Application

First Name _____ Last Name _____

Street Address _____

City _____ State _____ Zip Code _____

Cell Phone _____

Email Address _____

Reason for Visit _____

Arrival Date _____ Departure Date _____

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 _____

Emergency Contact _____ Phone _____

Relationship _____ (Spouse, Child, or Sibling)

Morning Light Foundation's standards and mission are in accord with the teaching, study, and practice of Christian Science, which includes radical reliance on Christian Science for healing and freedom from medication.

Individuals who stay at Morning Light Lodge must be supportive of our mission and healing atmosphere and live in accord with the standards of Christian Science during their stay.

Rest and Study accommodations are for a Guests who are independent and do not require Christian Science Nursing Care or personal assistance.

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

Signature _____ Date _____

Return this application via email to:

mail@morninglightcs.org