



# KAIROS OUTSIDE OF NORTHERN INDIANA – WEST

*A Christian ministry of women whose lives have been impacted by incarceration*

P.O BOX 1962 Valparaiso, IN 46384

## GUEST RESERVATION

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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.

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.

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### YOUR INFORMATION

**(Must be at least 20 years old to be a Guest)**

**Phone numbers are very important.**

Name: \_\_\_\_\_ Your Relationship to Inmate: \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State: **IN** Zip: \_\_\_\_\_  
Phone: Cell (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Home (\_\_\_\_) \_\_\_\_\_  
Email address: \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Communication Preference : check one Email \_\_\_\_\_ Phone \_\_\_\_\_ Mail \_\_\_\_\_  
Transportation to the Weekend is needed (check one) Yes \_\_\_\_\_ No \_\_\_\_\_  
Your Signature \_\_\_\_\_ Today's Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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### INMATE INFORMATION

Name: \_\_\_\_\_ If incarcerated, please fill in:  
Name of Institution: \_\_\_\_\_  
DOC Identification No. \_\_\_\_\_ Housing \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
If not incarcerated, please fill in: Phone Number (\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**All Kairos Outside Activities are Drug, Alcohol and Fragrance free.**

**- 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 required a minimum of 30 days in advance of the Friday Weekend start date.

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) YES NO

Your Signature \_\_\_\_\_ Today's Date \_\_\_\_\_

By my signature, I certify my Parole/Probation Officer, if required, has been notified of this Retreat, and it has been 12 months since my release from prison.

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**Section B – Parole / Probation Officer:**

Name: \_\_\_\_\_ Title \_\_\_\_\_

(please print)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (work) \_\_\_\_\_ (cell) \_\_\_\_\_

E-mail address \_\_\_\_\_

\_\_\_\_\_ Approved \_\_\_\_\_ Denied

Signature \_\_\_\_\_ Date \_\_\_\_\_