



## LABYRINTH RESERVATION INFORMATION

Dates of reservation: \_\_\_\_\_ (no more than 2 weeks per request form)

Church Name & Address where Labyrinth will be used:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### RESPONSIBLE PERSON

Name: \_\_\_\_\_ Address: Telephone: \_\_\_\_\_

City: \_\_\_\_\_

State: Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_

***Please comply to the guidelines for using the labyrinth. These guidelines are provided to help prolong the usage of the conference's two labyrinths. We appreciate your care and efforts of not only the protection of the labyrinths, but also to help provide experiential soul care for one's inward journey as they prayer-walk the labyrinth.***