



**KAIROS OUTSIDE-SAN DIEGO**  
**P.O. Box 15900**  
**SAN DIEGO, CA 92175**

## **Guest Reservation**

Date: \_\_\_\_\_

### **Guest Information**

First and Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

Best time to call: \_\_\_\_\_ E-mail: \_\_\_\_\_

Referred by: \_\_\_\_\_ Phone: \_\_\_\_\_

### **In Case of Emergency only:**

Call 1<sup>st</sup> (Name): \_\_\_\_\_ Phone: \_\_\_\_\_

Call 2<sup>nd</sup> (Name) \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance \_\_\_\_\_ Policy # \_\_\_\_\_

### **Inmate Information**

First and Last Name of Inmate: \_\_\_\_\_

Identification #: \_\_\_\_\_ Guest's relationship to Inmate: \_\_\_\_\_

Complete Mailing Address of Inmate: (include yard #, cell #, bunk #, etc., as needed in mailing address)

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**Use the back of this form to list any special needs or physical limitations guest may have.**  
**Mail Completed Form to Above Address**