



Gulf Atlantic Homestay Request Information Form

Number of guests in your party (including yourself): _____

Guest Name(s): *If there are children in your party please indicate their ages.*

Address:

Phone Number(s):

Email(s):

Accommodations:

Number of Rooms Requested: _____

Number of persons per room requested:

Room 1 _____ Room 2 _____ Room 3 _____ Room 4 _____ Room 5 _____

Are guests able to climb stairs? Yes _____ No _____ Yes, but with difficulty _____

Are you, or are any in your party, smokers? Yes _____ No _____

Allergies: *Please list any pet and food allergies your or any member of your party may have.*

Transportation: Please note that transportation is **NOT** as a rule provided by your host home. services available for you to secure alternative transportation. If you have a need for transportation and would like to be considered as a recipient of host transportation please indicate below. Again, this is **NOT** a guarantee of services. Host transportation is very limited. We would simply like to help you if we are able to do so.

In need of transportation to/from arrival/departure site (circle one): Yes No

Dates (Please indicate how long you anticipate needing housing)

We are hoping to house all our guests in homes within their current communities. We also realize that this may not always be possible.

Are you willing, if necessary, to relocate out of your immediate area on a temporary basis?

Yes ___ No___

Do you have pets that need to accompany you? If so, number and type:

If there is any other information that would be helpful for your host, please elaborate:

For more information or to send your request:

Teri Stephenson, Gulf Atlantic Diocese Irma Housing Relief Coordinator

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