



# VISITATION FORM

Please Print

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

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

\_\_\_\_\_

\_\_\_\_\_

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

Date & Time of Arrival \_\_\_\_\_

Date & Time of Departure: \_\_\_\_\_

ESR will provide up to two nights accommodation for you at a place of our choosing.

Do you wish us to arrange for lodging?  Yes  No

Will there be other persons coming in addition to you?  Yes  No If yes, how many? \_\_\_\_\_

Current or former students who influenced your interest: \_\_\_\_\_

\_\_\_\_\_

Denomination: \_\_\_\_\_

If you are a member of the Religious Society of Friends, with which Monthly Meeting and Yearly Meeting are you affiliated?

\_\_\_\_\_

What is your primary purpose for visiting at this time? \_\_\_\_\_

Do you have any special needs or dietary preferences/allergies?  Yes  No If yes, please explain.

\_\_\_\_\_

Please list any special interests/concerns/needs that you hope to explore during your visit.

\_\_\_\_\_

\_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

Please Return to: Director of Admissions, Earlham School of Religion,  
228 College Avenue, Richmond, IN 47374-4095. (Fax - 765-983-1688)