## Krotona Institute of Theosophy Kern Guesthouse Application for Personal Retreat

| Name:  |                           |       |
|--|---------------------------|-------|
| Phone:   |                           |       |
| Email:   |                           |       |
| Address:   |                           |       |
| City:  | State:                    | Zip:  |
| Emergency Contact name:  |                           |       |
| Emergency Contact telephone number :   |                           |       |
|  |                           |       |
| Requested Arrival date:  | _ Departure Date:         |       |
| Are you a TS Member? Have  | you stayed at Krotona bef | Fore? |
| (New applicants only) How did you hear about k   | (rotona?                  |       |
| What is the purpose of your retreat?   |                           |       |
|  |                           |       |
|  |                           |       |
|  |                           |       |
| Please acknowledge that you have read and und and that no drugs, tobacco, or alcohol are permi |                           |       |
| Signature:   | Date_                     |       |
|  |                           |       |