

# 2019-2020 Winter Shelter Congregational Registration Form

RITI Staff Use:

**RE: CT:**

**Congregation**: Minister/Director: Address: City: Zip Code: Phone Number: Fax: Website: Email:

**Primary Coordinator**: Address: City: Zip Code: Primary Phone: Other Phone: Email:

**Back-Up Coordinator**: Address: City: Zip Code: Primary Phone: Other Phone: Email:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Night(s) of the Week:  Max Number of Guests: Phone # Where Guests Stay: | | | | | | | | |
| Any Additional Information: |  |  |  | | |  | | |
| **Services offered (circle):**  Showers: Y N Clothing: Y N | | | Laundry: | Y | N | Sack Lunches: | Y | N |
| Are transportation and facility Are guests required Is a designated smoking wheelchair accessible: Y N to climb stairs: Y N area provided: Y N  Other Information: | | | | | | | | |

**Room In The Inn Winter Shelter Season**

## November 3, 2019 – March 28, 2020

**Please circle the dates your congregation plans to host Room In The Inn.**

**NOVEMBER 2019 DECEMBER 2019 JANUARY 2020**

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| --- | --- | --- | --- | --- | --- | --- |
| Su | Mo | Tu | We | Th | Fr | Sa |
|  |  |  |  |  | 1 | 2 |
| 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 10 | 11 | 12 | 13 | 14 | 15 | 16 |
| 17 | 18 | 19 | 20 | 21 | 22 | 23 |
| 24 | 25 | 26 | 27 | 28 | 29 | 30 |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Su | Mo | Tu | We | Th | Fr | Sa |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 8 | 9 | 10 | 11 | 12 | 13 | 14 |
| 15 | 16 | 17 | 18 | 19 | 20 | 21 |
| 22 | 23 | 24 | 25 | 26 | 27 | 28 |
| 29 | 30 | 31 |  |  |  |  |
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| Su | Mo | Tu | We | Th | Fr | Sa |
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| 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| 12 | 13 | 14 | 15 | 16 | 17 | 18 |
| 19 | 20 | 21 | 22 | 23 | 24 | 25 |
| 26 | 27 | 28 | 29 | 30 | 31 |  |

**FEBRUARY 2020 MARCH 2020**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
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|  |  |  |  |  |  | 1 |
| 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| 16 | 17 | 18 | 19 | 20 | 21 | 22 |
| 23 | 24 | 25 | 26 | 27 | 28 | 29 |

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| Su | Mo | Tu | We | Th | Fr | Sa |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 8 | 9 | 10 | 11 | 12 | 13 | 14 |
| 15 | 16 | 17 | 18 | 19 | 20 | 21 |
| 22 | 23 | 24 | 25 | 26 | 27 | 28 |
| 29 | 30 | 31 |  |  |  |  |

Notes:

**Please check all that apply:**

### Our congregation will host extra nights on short

Please list any other congregations or organizations that work with your congregation to host Room In The Inn:

notice in the event of extreme weather.

* Our congregation is open to sheltering during the day.
* Our congregation is open to provide extra meals.

**Once complete, please return this form to Room In The Inn:**

* Scan and email to schedule@ritilex.org
* Mail to Room In The Inn, Attn: Renee Gibson, 444 E. Main St. STE 203 Lexington KY 40507