GETAWAY WEEKEND GUEST INTAKE ADDENDUM

Guest Name: _______________________________ Nickname: __________________

DAILY ROUTINE AND PREFERENCES
1. Normal wake-up time: During week __________ Weekends ___________
2. Normal bedtime: During week __________ Weekends ___________
3. Normal bathing time: During week __________ Weekends ___________
4. Normal mealtimes: Breakfast _________ Lunch _________ Dinner _________
5. Meal/Food preferences:
   Breakfast: ______________________________________________________________
   Lunch: __________________________________________________________________
   Dinner: _______________ _________________________________________________
   Food Disliked: ____________________________________________________________
   Food Allergies, if any: ____________________________________________________
   Religion (optional): ______________________________________________________

Has the applicant ever stayed overnight anywhere other than the family home? Yes No
Was this enjoyable? Yes No (please explain)
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

In light of the fact that bedrooms are shared at Creative Living, guests are to refrain from
any sexual behavior whatsoever.