



Jubilee House Retreat Center

822 E. Main Street
Abingdon, VA 24210-4415
Phone: (276) 619-0919
E-mail: info@jubileeretreat.org

INDIVIDUAL RESERVATION FORM

Today's Date: _____

Name _____ Daytime Phone _____
(please include area code)

Address _____

(city) (state) (zip)

E-mail address _____

Emergency Contact Person (name & phone) _____

DATE(S) REQUESTED

ARRIVE _____ DEPART _____
(TIME) (DATE) (TIME) (DATE)

Room desired: 1. Two Twin beds __ 2. Double & Twin bed __ 3. Double bed __

Additional guests: Number or Name(s) _____
Date(s) _____

Special Needs _____

Payment due at time of service. Do not accept credit cards. Checks may be made payable to: Jubilee House Retreat Center.

FOR OFFICE USE ONLY

Confirmation sent _____ Daily Rate _____ Deposit _____
Date deposit received _____ Balance due _____ Room number _____

