

Gustavus Youth Outreach Booking Request Form

Church Name _____

Address _____

Pastor _____ Church Phone _____

Event Contact Person _____

Contact's Phone: _____ Work Phone: _____

Contact's E-mail: _____ Cell Phone: _____

Number of students: _____ Age of Students: _____

Number of chaperones: _____ *(we require 1 chaperone per 8 students)*

1. Preferred Date of event (please list top two choices):

2. Describe event and location (at GAC, at church, lock in, retreat, etc.)

3. What are your expectations of GYO (plan entire event, help, etc.)?

4. Is there any theme for the event, or any specific activities the group enjoys more than others?

(you may use the back of this sheet for additional information.)

Thank you for your request! We will do our best to schedule you in!

Please send request form to: **Gustavus Youth Outreach**
Bookings Coordinator
800 West College Avenue
St. Peter, MN 56082