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GROUP APPLICATION

Per March 15, 2019

DATE OF APPLICATION: _____

FACILITATOR'S NAME(S): _____

NAME CONTACT PERSON: _____

COMPANY/BUSINESS NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

BUSINESS PHONE: _____ HOME PHONE: _____

CELL PHONE: _____

E-MAIL: _____ WEBSITE: _____

RETREAT INFORMATION:

PREFERRED EVENT DATES: 1st choice: _____ 2nd choice: _____

WHAT IS THE NAME OF YOUR EVENT? _____

WHAT IS THE NATURE AND PURPOSE OF YOUR EVENT? _____

PLANNED # OF GROUP PARTICIPANTS? _____ PLANNED # OF FACILITATORS? _____

IS YOUR EVENT OPEN TO OUTSIDE PARTICIPANTS? _____

HOW DO YOU FEEL ANGEL VALLEY CAN SUPPORT YOU AND YOUR GROUP? _____

HOW DID YOU HEAR ABOUT ANGEL VALLEY? _____

OUR MEALS ARE VEGETARIAN / VEGAN:

PREFERENCES TO BE INCLUDED OR EXCLUDED IN THE MEALS: _____

SPECIAL DIETARY NEEDS: _____

SPECIAL NEEDS, REQUESTS & CONTACTS:
