



VISITATION FORM

Please Print

Name: _____

Address: _____

Phone: _____ Email: _____

Date & Time of Arrival _____

Date & Time of Departure: _____

ESR will provide up to two nights accommodation for you at a place of our choosing.

Do you wish us to arrange for lodging? Yes No

Will there be other persons coming in addition to you? Yes No If yes, how many? _____

Current or former students who influenced your interest: _____

Denomination: _____

If you are a member of the Religious Society of Friends, with which Monthly Meeting and Yearly Meeting are you affiliated?

What is your primary purpose for visiting at this time? _____

Do you have any special needs or dietary preferences/allergies? Yes No If yes, please explain.

Please list any special interests/concerns/needs that you hope to explore during your visit.

Signed _____ Date _____

Please Return to: Sue Axtell, Director of Admissions, Earlham School of Religion,
228 College Avenue, Richmond, IN 47374-4095. (Fax - 765-983-1688)