



LABYRINTH RESERVATION INFORMATION

Dates of reservation: _____ (no more than 2 weeks per request form)

Church Name & Address where Labyrinth will be used:

RESPONSIBLE PERSON

Name: _____ Address: Telephone: _____

City: _____

State: Zip: _____

Email: _____

Signature: _____

Please comply to the guidelines for using the labyrinth. These guidelines are provided to help prolong the usage of the conference's two labyrinths. We appreciate your care and efforts of not only the protection of the labyrinths, but also to help provide experiential soul care for one's inward journey as they prayer-walk the labyrinth.

\$25.00 check and this form is to be mailed to:

AWFUMC

Attn: Connectional Ministries

4719 Woodmere Blvd.

Montgomery, AL 36106