

TEAM HOUSING REQUEST QUESTIONAIRE

Team Leader _____

Mail Address _____

Address _____

Country _____

Phone International Code _____ Phone # _____

Email _____

Dates accommodations needed: Arrive _____ Leave _____

Languages Spoken (Primary & Others): _____

Do any team members speak English? _____ How Many? _____

Number of people you wish to have housing for:

Men _____ Women _____ Married Couples _____ Children, if any _____

Briefly describe how your team members can be grouped together: (example. four men share A room, or couple requiring private room, or a family with Mother/Father and 1 child, etc)

Smoking? No _____ Yes _____ If yes, number of smokers _____

Any problems with household pets (cats, dogs, etc)? Yes _____ No _____ If yes, please describe below.

Type of accommodations acceptable:

_____ Private room(s) in house (free or small daily fee)

_____ Trailer (free or small daily fee)

_____ Motel Rooms (standard daily rate set by motel)

_____ House (weekly rate set by owner)

_____ Community tent with cots (toilets & showers available, provide sleeping gear) (low cost daily fee)

_____ Camping in improved campground (provide own tent & sleeping gear) (low cost daily fee)

_____ Camping in unimproved campground (no showers) (provide own tent & sleeping gear) (low daily fee)

_____ Sleeping bags on floor at private home (provide own sleeping gear) (free or very low daily fee)

_____ Other Describe: _____

Special needs and any other information needed for placement in housing:

Please mail or fax (preferred) to Housing Coordinator, Joan Amos
Address: 2921 McCray Rd, Lake Isabella CA 93240
Email: joanie17@verizon.net

Fax (760) 379-1968
Phone: (760) 379-5339
Cell: (949) 636-0818