



Tenacre Visitor Accommodations

Primary purpose for visit: *Spiritual Study* _____ *Visiting Guest, Resident or Staff* _____ *Other* _____

Guidelines

1. Use of alcohol or tobacco is not permitted.
2. Tenacre Visitor Accommodations are offered only for visitors who are independent and completely free of any need for Christian Science nursing assistance. Signing this application indicates that you understand that no such assistance is available within Tenacre Visitor Accommodations.
3. Minors (up to 18 years of age) must be accompanied and supervised by an adult.
4. Tenacre is not responsible for personal property.
5. Tenacre reserves the right to make changes in accommodations when necessary. If asked to leave for any reason, visitors will promptly comply.
6. Tenacre doesn't accept credit or debit cards. Only cash, checks, or travelers' checks are accepted, and payment is due by time of departure.
7. No pets, please.

Name (*First*) _____ (*Last*) _____

Address _____

City/State (or Province)/Country _____ Zip/Postal code _____

Telephone _____

E-mail: _____ FAX: _____

Are you a member of The Mother Church? _____ A Christian Science branch church? _____

Tenacre's purpose is to promote Christian Science healing. Please briefly explain your reason for staying at Tenacre _____

Internet access is available. Please ask about it at Security when you arrive.

Arrival date _____ Departure date _____

I understand and agree to comply with the above Tenacre Visitor Accommodations Guidelines.

Signature _____ Date _____

Please continue to page 2: Security Addendum

Please return to: Tenacre Visitor Accommodations, PO Box 632, Princeton, NJ 08542-0632 Tel: 609-279-2344
Fax: 609-921-1971 Email: visitoraccommodations@tenacre.org



Security Addendum

Tenacre is located in a residential setting in Princeton Township, New Jersey, bordered by private homes and several private schools. It is important to be able to verify that an applicant is free from behavior that is aggressive or harmful to others, or any other behaviors that might interfere with the welfare of the surrounding community.

I affirm that I do not have a history of behavior that is aggressive or harmful to others.
_____ (Please Initial)

Please provide the names and telephone numbers of two references who are well-acquainted with you, have knowledge of your behavior in the past, and can describe your demeanor and behavior.

Name

Name

Phone #

Phone #

City, State

City, State

Zip Code

Zip Code

Print

Submit

Reset

Mac users:

You'll need to use Adobe Reader to fill in the form. You may need to save the completed form and attach it to an email. Put "TVA Application from Website" in the Subject line, and send to visitoraccommodations@tenacre.org.