



KAIROS OUTSIDE - SAN DIEGO
P.O. BOX 15900
SAN DIEGO, CA 92175

KAIROS OUTSIDE GUEST RESERVATION
PLEASE PRINT

Date: _____

Guest Information

First and Last Name: _____

Address: _____

City _____ State _____ Zip _____

Home Phone: _____ Work/Cell Phone: _____

Best time to call: _____ E-Mail _____

Referred by: _____ Phone: _____

In Case of Emergency Only

Call 1st (Name): _____ Phone _____

Call 2nd (Name): _____ Phone _____

Doctor: _____ Phone _____

Insurance: _____ Policy # _____

Inmate Information

First and Last Name of Inmate: _____

Identification #: _____ Guest's relationship to Inmate: _____

Complete Mailing Address of Inmate: (include yard #, cell #, bunk #, etc., as needed in mailing address)

Use the back of this form to list any special needs or physical limitations guest may have.

Mail Completed From to Above Address