



Southwest
Good Samaritan Ministries



BAYVIEW FACILITIES RESERVATION FORM

Date of Event: _____

Name of Church/Organization: _____

Address: _____

Telephone/Cell Numbers: _____

E-Mail Address: _____

On-Site Contact Person: _____

Contact Person Cell Phone: _____

I have received a copy of "Bayview Facilities Events Information" and will abide by its requirements.

Signature: _____

Date: _____

Southwest Good Samaritan Ministries
P.O. Box 273, 28259 Pereira Compassion Road, Los Fresnos, TX, 78566
Phone: 956-233-5198 Fax: 956-233-8802
good_samaritan_ministries@hotmail.com