

HOST FAMILY REGISTRATION FORM

Name: _____

Address: _____

Home Phone: (973) _____

Cell Phone: () _____

EMAIL:

I/We have space for _____ Overnight Guests

in _____ bedrooms.

Each bedroom has _____ beds or is suitable

for: _____

I/We prefer: ___ a family ___ a couple ___ a student

___ male ___ female

I/We can host a potluck dinner on Saturday _____

I/We can host a brunch on Sunday ___

We can accommodate _____ dinner/brunch guests.

Note: Food & beverages will be provided by your guests.

Have you hosted before? Y/N

**Please send completed form ASAP to
UN Weekend Committee
C/o Phyllis Deering, 8 OakLane Mtn. Lakes NJ 07046 or
email completed form to pdeering@optonline.net**