

SEASONS

A Retreat Center of the ▼ Fetzer Institute

Reservation Request

Thank you for your interest in Seasons, the Fetzer Institute's retreat center. Please download and complete this form. Once completed, please submit to SWMI@fetzer.org at least eight weeks in advance of the proposed dates. You will receive an email acknowledgment of your submission within two business days. Please note that at this time, use is limited to 501(c)(3) nonprofit organizations in Kalamazoo County.

We would like to learn a bit about your organization and your interest in Seasons for your meeting or retreat. We are committed to serving a breadth of organizations, and this information will help us to learn more about you and your work.

Organization Name: _____

Address: _____

City, State, and ZIP: _____

Contact Name: _____ **Title:** _____

Email: _____ **Phone:** _____

Mission: _____

Sector:

Number of Staff: _____

Annual Operating Budget: _____

Please attach a copy of 501(c)(3) letter and most recent 990 (if applicable).

About Your Event:

Date(s): please provide up to three sets of dates so that we can check availability

1. _____

2. _____

3. _____

Size of group: _____

Start time: _____ **End time:** _____

The Institute makes Seasons available as an expression of our mission to help build the spiritual foundation for a loving world. Please share in a few sentences the purpose for which you will be using Seasons and how your organizational mission and values will be advanced through your time at Seasons.