

# Hinsdale Seventh-day Adventist Church

427 East Walnut Street  
Hinsdale IL 60521

## CHURCH HOUSE GUEST POLICY / APPLICATION

Community Service responded to the occasional need to meet emergency overnights with furnished sleeping accommodations. Guests need to be aware of the following:

- 1 Request for use APPLICATION (available online at [www@hsdac.com](http://www@hsdac.com)) needs to be submitted to the Church Office Administrator via Fax 630 323 5755, email [office@hsdac.com](mailto:office@hsdac.com), or you may call the Church Office for an application and information at 630 323 0182, Monday-Thursday 1-5 pm. Space is limited.
- 2 All guests must REGISTER upon arrival at the Church Office.
- 3 A room-use DONATION is a minimum of \$10 per night, per person, payable at registration. (Or per arrangement with the Senior Pastor.)  
A \$10 DEPOSIT is required for the KEY – refundable-at-checkout.
- 4 The HSDAC is not liable for any valuables in the room which may be left, lost, or stolen.
- 5 Electrical APPLIANCES may be used in the guestroom only. (There is no internet service.)
- 6 MAID service is not provided.
- 7 Pay TELEPHONES are available at Adventist Hinsdale Hospital's main entrance. (Emergency room entrance after 9 pm)
- 8 CAFETERIA facilities are available at Adventist Hinsdale Hospital. (Elevator in main lobby to B1)
- 9 NOT ALLOWED on premises – smoking, alcohol, or pets.
- 10 Use of the house is not restricted to guest occupancy only.  
Others who have ACCESS – Community Services director as needed, various meetings take place on the main floor, Pathfinders and tenants have access to the basement area.  
There is a door leading to the basement from the kitchen which is to be kept locked for safety.

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## GUEST REGISTRATION

|                 |              |       |                    |            |
|-----------------|--------------|-------|--------------------|------------|
| _____           | _____        | _____ | _____              | _____      |
| Last Name       | First Name/s |       |                    | No. Guests |
| _____           | _____        | _____ | _____              | _____      |
| Address         | City         | St    | Zip                |            |
| _____           | _____        | _____ | _____              | _____      |
| Phone/s         |              |       |                    |            |
| _____           |              |       |                    |            |
| Email           |              |       |                    |            |
| _____           |              |       |                    |            |
| Reason for Stay |              |       |                    |            |
| _____           | _____        | _____ | _____              | _____      |
| Arrive          | Depart       |       | Paid (coa initial) |            |