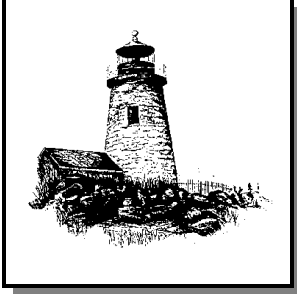


Lighthouse Ranch for Boys



**THIS FORM MUST BE COMPLETED AND RETURNED
ONE WEEK BEFORE PLANNED VISIT**

**YOU MAY MAIL IT:
PO BOX 238
LORANGER, LA 70446**

**OR FAX IT:
(985)-878-9370**

PHONE # YOU CAN BE REACHED REGARDING THIS VISIT: () _____

RESIDENT: _____

SCHEDULED DATE OF VISIT: _____

VISITOR INFORMATION:

NAME: _____

AGE: _____

RELATIONSHIP TO RESIDENT: _____

NAME: _____

AGE: _____

RELATIONSHIP TO RESIDENT: _____

NAME: _____

AGE: _____

RELATIONSHIP TO RESIDENT: _____

NAME: _____

AGE: _____

RELATIONSHIP TO RESIDENT: _____

NAME: _____

AGE: _____

RELATIONSHIP TO RESIDENT: _____

I hereby state the information given above to be accurate. I also agree to abide by the rules assigned by Lighthouse Ranch. I understand failure to do so may result in cancellation of future visits.

Signature of Parent/Guardian: _____

Date: _____

NOTE: IF YOU DO NOT HEAR FROM US, PLEASE CALL AHEAD OF TIME TO MAKE SURE THIS VISIT HAS BEEN APPROVED!