## P.E.O. Bed & Breakfast Hostess and Helper Information

Please return this completed form to:

HOSTESS INFORMATION: Please provide information as noted, so the P.E.O. B & B Coordinator will have adequate information to match a hostess with a guest.									
Your Name:									
Your Addres	s:								
Special direc	ctions to get to your ho	ome:							
Number of g	guests you can accomn	nodate:							
Bedroom	Bed Size & Number	Level (main, lower, upper)		Private Bath (	es or no)				
#1					· · · · · · · · · · · · · · · · · · ·				
#2									
#3									
#4									
Any special	features of your home								
Pets in the h	ome? Y/N C	ats/Number: Dogs/Numb	er:	Other: _					
Do you allow	v guests to bring a pet		Yes	No					
Do you allow	v smoking in your hon		Yes	No					
Would you l	ike assistance with lau		Yes	No					
Would you I	ike food donations for		Yes	No					

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## P.E.O. Bed & Breakfast Hostess and Helper Information

Dates or months your home available in the next six more											
Your questions or concerns:											
Thank you for completing this questionnaire and returning it to me.											
P.E.O. BED & BREAKFAST PROJECT - HELPERS											
It helps to have chapter members assist our P.E.O. BED & BREAKFAST hostesses with various items.											
Your Name:											
Your EMAIL:			T		Г						
Your Phone Number(s)	(H)		(C)		Text:Y	N					
Check if you can provide any of the following:											
Breakfast items:	Breac	l	Egg Casserole		Cereal						
	Juice	·	Fruit		Coffee						
Evening Snack:	Yes	N	О								
	Notes:										
Assistance with laundry:	Ves	N	ln.								

You will be contacted ahead of time if we need your assistance with food.

Thank you so much!