

LONE WOLF COLONY, INC

23200 BEAR VALLEY RD.,
APPLE VALLEY, CA 92308-7431

(760) 247-7878

MEDICAL STAY APPLICANT & GUEST INFORMATION

Welcome to Lone Wolf Colony, Inc.

The Colony is a recuperative health ranch owned and operated by active, retired and former telephone employees. We hope your stay with us will be beneficial and pleasant for you. In an effort to insure the comfort and recuperation of all our applicants & guests, we ask that you observe the following rules:

1. Meals are served in the dining room of the main ranch house at the following times:

BREAKFAST - 8:00A.M.

LUNCH - 12:30P.M.

SUPPER - 6:00P.M.

Supper is our main meal. Special or unusual diets are not offered.

We need 24 hours notice if you do not intend to eat a scheduled meal.

No food is served or permitted in the cabins.

2. You may invite visitors.
3. The main ranch house is closed and locked at 10:00P.M.
4. No pets are allowed.
5. Parking is permitted in front of the main ranch house only.
6. Please notify the Ranch Manager if you would like a fire in the Ranch House fire place.
7. Due to county health laws, Applicants & Guests are not allowed in the Kitchen area.
8. This is a health ranch, therefore, the use of alcohol is not allowed. Since the purpose of your stay with us is recuperation; we do not encourage sightseeing trips outside the local Apple Valley/Victorville area.
9. Firearms are not allowed on Ranch property.
10. Please keep your cabin clean and tidy.
11. Quiet hours are 10:00P.M. to 8:00A.M.
12. Notify the Ranch Managers immediately if you become seriously ill.
13. The maximum stay at the Ranch is two (2) weeks per year.
14. Although there is no charge for your stay with us, a donation would be greatly appreciated to keep this service available. (Suggested amount \$5.00 a day)
15. You are financially responsible for any and all damage(s) caused by you or your guest(s) to Lone Wolf Colony Inc. facilities or property.

We solicit your comments. Please leave them with the Ranch Managers or mail to the Colony Administrator in the envelope provided.

Medical Stay Signature _____ Date _____

Guest Signature _____ Date _____