

CHAUTAUQUA UNITED CHURCH OF CHRIST SOCIETY, INC.
AN OPEN AND AFFIRMING ORGANIZATION
APPLICATION FOR ROOM RESERVATION 2019
(Self-Housekeeping Facilities)

A. NAME _____

ADDRESS _____

_____ ZIP CODE _____

PHONE HOME _____ MOBILE _____ E-MAIL _____

CURRENT 2019 SOCIETY MEMBER? YES NO **HOME RELIGIOUS AFFILIATION** _____

Important for priority room assignment!

LIFE MEMBER YES NO

Did you participate in any Opening or Closing Work Weekends during 2017 or 2018? YES NO

B. Number of Rooms Needed _____

DESIRED BUILDING: PLEASE LIST MORE THAN ONE CHOICE

MAYFLOWER: Rooms (rank by preference) 1. _____

2. _____

3. _____

REFORMED CHURCH HOUSE: Rooms (rank by preference) 1. _____

2. _____

3. _____

C. DESIRED DATES: Ranked in order of preference: 1, 2, etc. Listing **multiple choices** will improve your chances of getting some time in the season!

SINGLE WEEK REQUESTS (coming 1 week only)

____ Week 1 . . . 6/22 – 6/29 ____ Week 6 . . . 7/27 – 8/03
____ Week 2 . . . 6/29 – 7/06 ____ Week 7 . . . 8/03 – 8/10
____ Week 3 . . . 7/06 – 7/13 ____ Week 8 . . . 8/10 – 8/17
____ Week 4 . . . 7/13 – 7/20 ____ Week 9 . . . 8/17 – 8/24
____ Week 5 . . . 7/20 – 7/27 ____ Final Wknd 8/24-8/25

MULTI WEEK REQUESTS (maximum 4 weeks)

Which combination of weeks would you like to reserve? _____

Indicate number of rooms needed for each week.

Weeks	_____	Number of Rooms	_____
Weeks	_____	Number of Rooms	_____
Weeks	_____	Number of Rooms	_____

Closing the houses begins Monday morning Aug 26. There is no fee for the weekend if you are staying to work the closing. I/we are planning on coming/staying to help with the closing work days. yes no

Names of persons to occupy rooms: _____
If unknown, please indicate you will supply the name later. Names are used to be welcoming in the dining room.

Please list special needs: _____

AMOUNT OF ROOM DEPOSIT ENCLOSED: (\$100 per room per week) _____

DO NOT send complete payment at this time!

Payable to Chautauqua United Church of Christ Society

D. I/We will bring my/our own bed and bath linen.
 will rent bed and bath linen from the Society.
I/We will cook/eat in the Mayflower dining room.
 will not cook/eat in the Mayflower dining room

In case of emergency while in residence at Chautauqua contact: Name _____

Phone: _____ **Address:** _____