## The Everett Jewish Life Center in Chautauqua the inclusive center of Jewish Life in Chautauqua

## 2016 Season – Room Request Form

Room requests for the 2016 Season open June 28, 2015 and must be received by the EJLCC before February 1, 2016. You will be notified promptly if your request can be confirmed. Advanced reservations are available for full week(s) only. The rate is \$1035 per week for the room. The weekly rate for the Hillel Suite is \$1285 and for the Maimonides Room \$1185. There is a weekly charge of \$100 for each additional guest beyond two – not to exceed two. Rooms are available only for Members of the EJLCC – there are no religious or special qualifications required for membership. Annual membership is available at the rate of \$36 per year. Your dues are payable with your room reservation request. An optional mid-week room cleaning and linen change is available for \$40. Stays of less than one week may be available after April 15, 2016. Specific room requests cannot be guaranteed unless your request is for the Hillel Suite, you have ADA room requirements, reserve Maimonides or require a twin bed room. Please advise us of your special needs. All rooms have a queen bed (Gershwin room has two twins, the Hillel suite has an additional queen sofa bed in the sitting area), private bath, telephone, TV, Internet, desk area and we serve a continental breakfast each morning.

PLEASE PRINT Name				_ Number of guests:		
Address						
(for mailed confirmation)						
City		ST	ZIP			
Email Address						
Home Telephone						
PLEASE REMEMBER – WEEKS AT THE EJLCO						
First Request Week # and dates	Second Req	uest W	eek # and da	ates		
PLEASE REMEMBER – WEEKS AT THE EJLCO	RUN FROM SUNDAY TO SUNDAY V	<b>NITH CH</b>	ECK OUT AT 10	<b>AM AND CHECK</b>	IN AT 3:30	
Wheelchair access needed Room Request for Hillel		Twir	n beds reque	sted and requ	ired	
Signature	Date of Appl	lication	 	<del></del>		
I agree and understand the EJLCC reser acknowledgement of this policy. I fully					<del></del> "	

I agree and understand the EJLCC reservation policy. My deposit and/or my submission of this form represents my acknowledgement of this policy. I fully understand that this deposit and future room payments are NON REFUNDABLE except if my reservation request dates cannot be confirmed. IF YOU HAVE ANY CONCERNS ABOUT REFUNDS OR CANCELLATIONS PLEASE SECURE TRAVEL INSURANCE FOR TRIP CANCELLATION. PLEASE CHECK WITH YOUR INSURANCE PROFESSIONAL OR SEARCH ONLINE.

Payment and Cancellation Details: Your non-refundable reservation deposit of \$300 per week plus your \$36 membership must be included with your mailed request or received within one week of your electronic submission or your reservation will not be processed. If we are unable to fill your initial room request you will receive a full refund. Full room payment plus fees for any extra services requested must be received by March 1, 2016 or your reservation will be cancelled. We will attempt to honor your room date change request if space permits.

Return this form and your non-refundable deposit check for \$300 per week plus \$36 Membership (<u>US funds please</u>) to: EJLCC Room Reservations - PO Box 315 - Chautauqua, New York 14722