

Room Request Form

Room requests for the Season are now open and should be sent to the EJLCC as soon as possible. You will be notified promptly if your request can be confirmed. Advanced reservations are available for full week(s) only. The rate is \$1100 per week for a standard room. The weekly rate for the Hillel Suite is \$1365 and for the Maimonides Room \$1250. 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 required at the rate of \$36 per year. Your dues and room deposit must be paid 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. Specific room requests cannot be guaranteed unless your request is for the Hillel Suite, Maimonides room, you have ADA room requirements, 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 dairy continental breakfast each morning.

PLEASE PRINT

Name _____ Number of guests: _____

Address _____
(for mailed confirmation)
City _____ ST _____ ZIP _____

Email Address _____

Home Telephone _____ Cell _____

PLEASE REMEMBER – WEEKS AT THE EJLCC RUN FROM SUNDAY TO SUNDAY WITH CHECK OUT AT 10 AM AND CHECK IN AT 3:30
First Request Week # and dates _____ Second Request Week # and dates _____
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Wheelchair access needed "Roll-In" shower needed Twin beds requested and required
Room Request for Hillel Maimonides

Signature _____ Date of Application _____

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 must be received by February 15th or your reservation will be cancelled.

Return this form and your non-refundable deposit check of **\$336 or \$636**
(\$300 per week plus \$36 Membership) (US funds only please) to:
EJLCC Room Reservations - PO Box 315 - Chautauqua, New York 14722