

# SILVER BAY

YMCA of the Adirondacks

## 2012 On Campus Reservations Request

For Office Use Only

Received: \_\_\_\_\_

Initials: \_\_\_\_\_

Res. No. \_\_\_\_\_

Family Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Spouse Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Number/Street/P.O. Box) City State Zip

Home Phone: (\_\_\_\_) \_\_\_\_\_ Evening Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### NAMES OF FAMILY MEMBERS AND GUESTS:

Name	Date of Birth	Relationship	Sex
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Summer Address Do you have a summer address?  Yes  No If so, do you receive mail at this address?  Yes  No

Summer Address Dates: From: \_\_\_\_\_ to: \_\_\_\_\_ Summer Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### RESERVATION REQUEST

No. of Adults \_\_\_\_\_

No. of Children: \_\_\_\_\_

(6-12) \_\_\_\_\_ (13-17) \_\_\_\_\_ (0-5) \_\_\_\_\_

No. of Rooms \_\_\_\_\_

### ACCOMMODATIONS AND DATES DESIRED IN PREFERENCE ORDER

1<sup>st</sup> Choice \_\_\_\_\_ from: \_\_\_\_\_ to: \_\_\_\_\_

2<sup>nd</sup> Choice \_\_\_\_\_ from: \_\_\_\_\_ to: \_\_\_\_\_

3<sup>rd</sup> Choice \_\_\_\_\_ from: \_\_\_\_\_ to: \_\_\_\_\_

4<sup>th</sup> Choice \_\_\_\_\_ from: \_\_\_\_\_ to: \_\_\_\_\_

### Room Type:

Private Bath  Shared Bath  Camp Accommodation  Cottage  Handicap-Equipped  Wheelchair-Accessible

### Membership Required

As a 501(C)(3) charitable, nonprofit and membership organization we require a membership to either make a reservation or to purchase program fees. In addition to securing your reservation you will also receive informative newsletters and other mailings; as well as the ability to visit the campus throughout the year. **Please complete the form and return it with your payment.**

Annual Membership: \$50 Individual or \$100 Family

People with disabilities are permitted to bring their service animals. Please indicate at the time of reservation that you are bringing a service animal. All other animals are prohibited.

**PLEASE NOTE:** If reservation is made a year or more in advance. A \$100 non-refundable deposit is required to hold this reservation until January. In January you will receive a confirmation letter requesting a 50% deposit for your current year reservation. Remaining balance for current year reservation will be due 30 days prior to arrival.

Form of Payment:  Check # \_\_\_\_\_  Credit Card Type: \_\_\_\_\_

Credit Card No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Security Code: \_\_\_\_\_

Signature: \_\_\_\_\_