

REGISTRATION APPLICATION FORM FOR PRESBYTERIAN HOUSE 2021

Please print. One form per room. Incomplete applications will not be honored. Complete both pages

Name _____ Email _____

Address _____ City, State, Zip _____

Primary phone _____ Second phone _____

If you have stayed with us before, please list the most recent year _____

CHECK THE APPROPRIATE CATEGORY AND SUPPLY THE REQUESTED INFORMATION

_____ Presby. Clergy: current church name and full address _____

If retired clergy list latest church served with address _____

Fee: \$725 per person (\$625 for single with shared bath, if available)

_____ Presby laity : current church name and full address _____

Fee: \$775 per person (\$675 for single with shared bath, if available)

_____ Non-Presbyterians: Fee \$825 per person (\$725 for single with shared bath, if available)

Number of adults (age 22+) included with this application staying in this room _____

Number of children staying in this room _____ Fee: age 0 – 12 free; age 13-21 \$275 per person

Names and birth dates of children _____

WEEK REQUESTED Weeks go from Saturday afternoon to the following Saturday morning and follow the Institution numbering. We will initially assign one week per application. If you would like to apply for a second week, list your preference below. After we have assigned one week to all applicants, we will consider requests for an additional week and bill you for the additional fees if your choice is available.

1st choice dates _____ Week # _____

2nd choice dates _____ Week # _____

3rd choice dates _____ Week # _____

2nd week request 1st choice _____ Week# _____ Notes _____

2nd week request 2nd choice _____ Week# _____ Notes _____

EMERGENCY CONTACT:

Name _____ Relationship _____

Phone _____ Email _____ Address _____

If you plan to share a room with someone applying and paying separately, please list that person's

Name _____ Phone _____ Email _____

Address _____

PLEASE READ AND SIGN: I have read and understand the cancellation policy which is: **cancellations made prior to May 15th will result in a cancellation fee of \$275 per person. Cancellations made after May 15th will become a donation to the Presbyterian Association of Chautauqua and you will receive a notification of the donation. We suggest travel insurance.**

Signature _____ Date _____

FEE ATTACHED

Presbyterian clergy, spouse \$725 (\$625) per person x _____ \$ _____

Presbyterian laity \$775 (\$675) per person x _____ \$ _____

Non-Presbyterians \$825 (\$725) per person x _____ \$ _____

Youth age 13-21 \$275 per person x _____ \$ _____

Total enclosed: \$ _____

Please return this form, signed above, and the total registration fee to

Presbyterian Association PO Box 94 Chautauqua NY 14722

Questions? Call 716-357-5011 or email chqpresbyhouse@gmail.com

Please list any **non-food** requests or special circumstances you want to bring to our attention. We regret that we cannot provide special diets. Use reverse side if necessary.

For office use only;

Date received _____ Check # _____ Amount received _____

Confirmation date _____ week # _____ room # _____