

PLEASE DO NOT WRITE IN THIS SPACE!

Ecumenical Community of Chautauqua - REGISTRATION

PO Box 208 □ Warren, Ohio 44482-0208 □ 716 581-3659

www.ecoc-chautauqua.org

ECOC – Reservation Request 2019 Season

Note: Complete **ONE** form for **EACH** room requested. Please read the enclosed **YELLOW** information sheet before completing. **The ECOC *does not* rent to persons who own property at Chautauqua Institution.**

Please **PRINT** clearly. Thank You!

Reservations are from **Saturday** to **Saturday**

Check-In time is **2:30 PM** to **6:00 PM** Check-Out Time is **10:00 AM**

If you will be arriving any other day or time, **PLEASE** make prior arrangements with the Registrar

First Guest or Couple Name _____

Address _____

City _____ State _____ Country _____ Zip (+ 4) _____

Phones: Home _____ Cell _____ Cell _____

E-Mail _____ @ _____

Name Age Name Age Name Age

Children staying at ECOC: _____

Second Guest or Couple Name _____

Address _____

City _____ State _____ Country _____ Zip (+ 4) _____

Phones: Home _____ Cell _____ Cell _____

E-Mail _____ @ _____

Ordained/Commissioned Clergy Spouse of Clergy Widow/Widower of Clergy Missionary

Church/Synagogue/Mosque responsibility: (required) _____

Denomination/Faith Community Involvement: (required) _____

DESIRED ROOM ACCOMMODATIONS

of Adults _____ # of Children _____ (only include those staying at ECOC) # of Weeks in Residence _____

CIRCLE Desired Week #(s):

1st Choice 1 2 3 4 5 6 7 8 9

2nd Choice 1 2 3 4 5 6 7 8 9

__ 1 Guest (twin) __ 1 Guest (double/queen*) 2 Guests (double/queen*) __ 2 Guests(twin/single*) __ 3 Guests(twin beds)

__ Family Unit (Up to 5 guests) __ Studio Apartment (6 guests) __ Take what is available Floor: __ 1st __ 2nd __ 3rd __ Any

*Queen beds can be split into singles, 30”wide & 80” long, extra long twin sheets required

__Willing to share room

Additional Information, Special Needs, Other Requests: _____

Special Interests/Skills _____

Did you participate in a Work Week/Weekend in 2018? Yes No SPRING FALL

Will you use our kitchen facilities? __Yes __No Will you bring your own linens? __Yes __No
Linen rental \$20 (per person per week plus tax)

A voluntary **Building Upkeep Gift** of **\$30** or more per week per room. This optional charitable gift can be considered *tax deductible*. NOTE: Room assignment follows ECOC registration guidelines and is NOT dependent on whether or not an *Upkeep Gift* is included.

Please INCLUDE a self addressed stamped envelope (**#10** – business letter size).

I am including with this Reservation Request the following (please **✓** all that apply):

- Self-Addressed Stamped Envelope (**#10** – business size, please)
- Emergency Contact Information & Signed Agreement to follow ECOC policies
- Room(s) deposit Check # _____ \$ _____
- Voluntary Upkeep Gift Check # _____ \$ _____
- Room Cleaning Fee* \$25 Check # _____ \$ _____

*This option is NOT applicable for Week 9.

Make checks payable to: **Ecumenical Community of Chautauqua or ECOC**

Mail to: **Registrar – PO Box 208 Warren, Ohio 44482-0208**

*****We do not accept Credit Cards or Debit Cards for Registration*****
You CAN pay your lodging balance due (in person) using a credit card

Our non-U.S. Guests: A money order or other arrangement payable in U.S. funds is required.

Please notify the Registrar **immediately** if you find it necessary to *CANCEL* or *RESCHEDULE* your reservation. Deposits will not be refunded after **April 30, 2019** but will be accepted as a *tax-deductible gift* and a receipt indicating such will be mailed to you. *RESCHEDULED* requests will be accommodated on an ‘as available’ basis.

CHECK-IN TIME PROCEDURES AND DIRECTIONS (BLUE SHEET) WILL BE SENT WITH YOUR CONFIRMATION RECEIPT

The work of the Ecumenical Community of Chautauqua is managed by a volunteer Board of Directors and committee members. If you are interested in learning more about serving on the Board of Directors or being a committee member, please check this box.