

For Use by **REGISTRAR** only: Week # \_\_\_\_\_ Room # \_\_\_\_\_ House **S B-W W** Confirm Date: \_\_\_\_\_  
(do not write in this space)

**Ecumenical Community of Chautauqua**  
**PO Box 988 ♦ Chautauqua, NY 14722 ♦ Registrar, 716 581-3659**  
**www.ecoc-chautauqua.org**

**ECOC Reservation Request for 2024 Season**

Note: Please complete **ONE** form for **EACH** room requested. Please see the Reservations Info sheet for details on our accommodations. Property owners at Chautauqua Institution are not eligible to rent a room.

Please **PRINT** clearly on the lines below.

**Returning Guest?**  **New Guest?**  **Clergy or Volunteer? (see box below)**

First Guest or Couple Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Zip \_\_\_\_\_

Cell # & name \_\_\_\_\_ Cell # & name \_\_\_\_\_ Home phn \_\_\_\_\_

E-Mail Address(es) \_\_\_\_\_

|                           | <u>Name</u> | <u>Age</u> | <u>Name</u> | <u>Age</u> | <u>Name</u> | <u>Age</u> |
|---------------------------|-------------|------------|-------------|------------|-------------|------------|
| Children staying at ECOC: | _____       | _____      | _____       | _____      | _____       | _____      |

Second Guest or Couple Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Zip \_\_\_\_\_

Cell # & name \_\_\_\_\_ Cell # & name \_\_\_\_\_ Home phn \_\_\_\_\_

E-Mail Address(es) \_\_\_\_\_

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

Church/Synagogue/Mosque responsibility: \_\_\_\_\_

Denomination/Faith Community Involvement: \_\_\_\_\_

**ECOC Volunteer:**  Board Member  Committee Member  Helped Open/Close in '22 or '23?

**DESIRED ROOM ACCOMMODATIONS**

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

Week: **1** (6/22-29), **2** (6/29-7/6), **3** (7/6-13), **4** (7/13-20), **5** (7/20-27), **6** (7/27-8/3), **7** (8/3-10), **8** (8/10-17), **9** (8/17-24)

**CIRCLE Desired Week #(s) - First & Second Choice Required 3-week limit**

1<sup>st</sup> Choice 1 2 3 4 5 6 7 8 9

2<sup>nd</sup> Choice 1 2 3 4 5 6 7 8 9

## CHECK Desired Room Type & Floor:

- 1 Guest (double or queen)  2 Guests (rank bed preference 1-3): \_\_\_ Double \_\_\_ Queen \_\_\_ 2 Twin Beds
- 3 Guests (3 twins or 1 twin & double/queen)  Family Unit w/ 1/2 or full bath (4 or 5 guests)  Studio Apt (2 double beds & sleeper sofa)
- Take what is available Room Floor: \_\_\_1<sup>st</sup> \_\_\_2<sup>nd</sup> \_\_\_3<sup>rd</sup> \_\_\_Any

Do you wear hearing aids?  Yes  No *We ask this for fire safety reasons.*

Additional Information, Special Needs, Other Requests (e.g., preferred kitchen?): \_\_\_\_\_

Do you need an elevator accessible room? \_\_\_\_\_ If yes, are 5-9 steps okay? \_\_\_\_\_

Do you need accommodation for medical equipment (e.g. CPAP)? \_\_\_\_\_ If so, what do you need? \_\_\_\_\_

Did you participate in a Work Week/Weekend in **2022 &/or 2023**?  No  Yes:  SPRING  FALL

Will you use our kitchen facilities? \_\_\_Yes \_\_\_No

**\*\*Please consider giving a *Voluntary Building Upkeep Gift of \$30 or more per week/per room*. The ECOC has no endowment or source of income other than room rents and gifts. This optional charitable gift can be considered tax deductible and will help us maintain and improve our facilities. The *Upkeep* gift also enables those who can give more to do so, which, in turn, helps keep our accommodations affordable for those who need a lower-cost option. Note: Room assignment follows ECOC registration guidelines and is NOT dependent on including a *Voluntary Building Upkeep Gift*.**

I am including with this Reservation Request the following (please  $\checkmark$  all that apply):

- Signed ECOC Policies Agreement/Emergency Contact Information (Print from website & fill out)
- Room(s) deposit - \$100 per week/per room \$ \_\_\_\_\_
- Voluntary Upkeep Gift of \$30 or more per week/per room* \$ \_\_\_\_\_
- Cleaning Service Fee\* if unable to clean your room: \$ \_\_\_\_\_
- Rm/\$40  Rm + Half Bath/\$50  Rm + Full Bath/\$60  Family Rm w/bath/\$65  Apt/\$100

TOTAL: \$ \_\_\_\_\_ (in US \$) Check # \_\_\_\_\_

\* If you are unable to clean your room & the fee is prohibitive, contact Registrar.

## How to Submit your Reservation

Make check\* payable to: **Ecumenical Community of Chautauqua** or **ECOC**

Mail this Request, Signed Policies Form, and check to: **ECOC Registrar, PO Box 988, Chautauqua, NY 14722**

\* We only accept checks or money orders for your Reservation deposit via mail. You can pay your balance due with cash, check, or credit card when you arrive. If you live outside the U.S., send a money order payable in U.S. funds.

## After you Submit Your Reservation

We will email you a Confirmation Receipt with Check-in Instructions. If you find it necessary to CANCEL or RESCHEDULE your reservation, please notify the Registrar **immediately - 716 581-3659 or ECOCRegistrar@gmail.com**.

Deposits will not be refunded after **May 15** but will be accepted as a tax-deductible gift; a receipt indicating such will be mailed to you. Requests to RESCHEDULE will be accommodated on an 'as available' basis.