

YULETIDE FAMILY WEEKEND RESERVATION

-- 2011 WEEKEND DATES --

November 18,19,20 November 25,26,27 December 2,3,4 December 9,10,11 December 16,17,18

HOW TO RESERVE YOUR WEEKEND: Complete the form below and mail or fax to: SANTA'S WORKSHOP, RESERVATIONS, P.O. Box 1768, NORTH POLE NY 12997 ,FAX # 518-946-2293 along with your deposit of \$250.00(US), check, money order, or credit card information PAYABLE TO SANTA'S WORKSHOP. Upon receipt, we will match your request to available space and, if necessary, contact you by phone. You may reach our reservation office by calling 1-800- 806 -0215 weekdays 9:00 a.m. to 4:00 p.m. Reservation is not confirmed until receipt of our acknowledgment. Please give us your email address so that we may keep you well informed of your reservation. Balance of the total package price is due before October 1st and may be paid by check, money order, VISA, MASTER CARD, AMEX or DISCOVER.

PLEASE NOTE: This program features family participation type activities with the focus on young children who also receive gifts from Santa and his helpers. If your family consists of older children who will not be participating in the activities or receive gifts you have the option of listing them as ADULTS at reduced pricing. If you prefer otherwise, simply list your child in the CHILD column below and indicate age. There is also a reduced charge for Children under 2, who participate in all activities and receive gifts etc. from Santa.

PERSONALIZED FAMILY GIFTS: One set of personalized family gifts are included in this package. Unless otherwise instructed they will bear the family name as shown on the reservation form. Additional gifts may be purchased at an extra cost.

RATES: Price includes 2 nights lodging, 2 breakfasts, 2 dinners, 2 days at Santa's Workshop, two evenings of memorable activities and entertainment, assorted gifts and a present for each child. Sample rates are meant only as a guide and will vary according to room configuration and the number of people in your party. We will quote to your specific needs.

PAYMENT PLAN: Be sure to ask how you can take advantage of our installment plan. Payments could be as low as \$70.00 a month depending on your package price. Sample rates are meant only as a guide we will quote to your specific needs.

CANCELLATION POLICY: Your reservation form and deposit must be received within ten days of putting a room on hold in order to keep your reservation. If not received after ten days the room will be put back on the market. Full refund will be given if notice of cancellation is received prior to July 31st. If cancellation notice is received on or after August 1st, or if payment in full is not made by October 1, \$250.00 will be retained, any balance will be refunded and the reservation will be canceled. If notice of cancellation is received less than 30 days prior to date of arrival, an additional 200.00 will be retained.

PLEASE KEEP TOP PORTION FOR YOUR RECORDS

Detach and mail to: SANTA'S WORKSHOP, Reservations, P O Box 1768, North Pole, NY 12997 or FAX # 518-946-2293

2011 YULETIDE FAMILY WEEKEND RESERVATION FORM

FACILITY REQUESTED: _____ **ROOM TYPE REQUESTED:** _____

DATES REQUESTED: FIRST CHOICE _____ **SECOND CHOICE** _____ *Best time to call*

NAME _____ **HOME PHONE (___) -** _____

ADDRESS _____ **BUSINESS PHONE (___) -** _____

CITY _____ **STATE** _____ **ZIP** _____ **email:** _____

Credit Card # _____ **Exp. Date** ___/___/___ **CVV#** _____ **Signature** _____

Payment enclosed in the amount of \$

Name on Card

1ST NAME	LAST NAME	ADULT	CHILD		1ST NAME	LAST NAME	ADULT	CHILD	
xxxxxxxx	xxxxxxxx	Yes/No	AGE	SEX	xxxxxxxx	xxxxxxxx	Yes/No	AGE	SEX

I will need: crib (___) cot (___) high chair (___) booster chair (___)

I plan to join these other families _____ **Estimated time of arrival on Friday is** _____

How did you hear about our package? Previous Guest (___) Friend (___) Brochure (___) Radio (___) Website (be specific) _____

FOR OFFICE USE: RCD ___/___	CONTROL # _____	PERIOD _____	FAC _____	RM # _____
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