

# Yuletide Family Weekend Reservation 2025

Santa's Workshop, North Pole, NY

Nov. 21-23

Nov. 28-30

Dec. 5-7

Dec. 12-14

Dec. 19-21

**HOW TO RESERVE YOUR WEEKEND:** Complete the form below and mail or fax to SANTA'S WORKSHOP, RESERVATION 324 Whiteface Memorial Hwy, NORTH POLE, NY, 12997. FAX#: 518.946.2293 along with your deposit of \$400.00(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 838.381.0498. 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 1<sup>st</sup>** and may be paid by check, money order, VISA, MASTERCARD, AMEX, or DISCOVER. Please be aware that we impose a 3% surcharge on all credit card transactions; this does NOT apply to debit cards.

**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 family gifts are included in this package. With the exception of the ornament, all gifts are personalized. Unless otherwise instructed they will bear 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, 2 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 you to your specific needs.

**PAYMENT PLAN:** Down payment of 35% is needed at time of reservation and monthly amount will be calculated after down payment is made.

**CANCELATION POLICY:** Your reservation form and deposit must be received within **2** days of putting a room on hold in order to keep your reservation. If not received after 2 days the room will be put back on the market. Full refund will be given if notice of cancellation is received prior to **June 15th**. If cancellation is received on or after **July 1st** or if payment in full is not made by **October 1**, **\$400.00 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 \$400.00** will be retained. Any cancellation less than 10 days prior to your scheduled arrival date will result in full forfeiture of monies paid.

PLEASE INITIAL MAIL TO: SANTAS WORKSHOP, Reservations, 324 Whiteface Memorial Hwy, North Pole, NY, 12997  
FAX# 518.946.2293, or email events@NorthPoleNY.com

## 2025 Yuletide Family Weekend - RESERVATION FORM

DATES REQUESTED: First Choice  Second Choice

FACILITY REQUESTED  Room Type Req.

NAME:  Cell Phone: (  )  -

ADD:  Business Phone: (  )  -

CITY:  Best time to call:

ST:  ZIP CODE:  Email:

### PAYMENT INFORMATION

CREDIT CARD #  Signature:

Exp:  Billing Zip:

\$ PAYMENT AMOUNT  Name on Card:

### THOSE WHO WILL BE IN ATTENDANCE

	FIRST NAME	LAST NAME	Adult		Child	
			YES / NO	AGE	SEX	
	XXXXXXXXXX	XXXXXXXXXX				
1						
2						
3						
4						
5						
6						
7						
8						

**How did you hear about our Package?**  
 Previous Guest( ) Friend( ) Brochure( ) Radio( )  
 Website (be specific) \_\_\_\_\_  
 Previous guest of Yuletide Family Weekends? ( Y ) ( N )

**Additional Gifts?**  
 Candle  Ornament  Family Gift   
 NAME ON EACH GIFT: \_\_\_\_\_

I need: Highchair ( ) Booster chair ( ) Cot ( )

Food Allergies: \_\_\_\_\_

**Estimated Arrival time on Friday**  
 \_\_\_\_\_

I plan to join these other families:

RCD: OFFICE USE Control #: PERIOD: OFFICE USE FAC OFFICE USE ROOM #