



HOW TO RESERVE YOUR PACKAGE: Complete the form below and mail or fax to: Santa's Workshop, PO Box 1768, Wilmington, NY 12997. FAX#: 518-946-2293 along with your non-refundable deposit of \$150.00 (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 x130 weekdays 9:00 am to 3:00 pm. 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 30 DAYS before arrival and may be paid by check, money order, VISA, MASTERCARD, AMEX, or DISCOVER. Please note that there is a 3.5% surcharge applied to all CREDIT and DEBIT card transactions.

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.

INITIAL

RATES: All rates are subject to change. Please call 1-800-806-0215 x130 to confirm prices

CANCELLATION POLICY: Your non-refundable \$150 deposit and reservation form will hold your reservation. If full payment is not received 30 days prior to your package date, your package will be canceled. If you cancel within 7 days of arrival, an extra \$150 dollars will be retained.

SIGNATURE

I Agree to the Rates, Cancellation Policy, and any other pertinent information stated above.

MAIL TO: Santa's Workshop, P.O.Box 1768, Wilmington, NY 12997 or FAX# 518.946.2293 Email: events@NorthPoleNY.com

2023 A Day with the Clauses - RESERVATION FORM

DATES REQUESTED First Choice Second Choice

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
	XXXXXXXXXX	XXXXXXXXXX	YES / NO	AGE SEX
1				
2				
3				
4				
5				
6				
7				
8				

How did you hear about our Package?
 Previous Guest () Friend ()
 Brochure () Radio ()
 Website (be specific) _____
 I need: Highchair () Booster chair ()
 Food Allergies? Yes () No ()

I plan to join these other families: (AND)

RCD: OFFICE USE Control #: OFFICE USE PERIOD: OFFICE USE