RESERVATION REQUEST

Retreat Date(s):		Program Title:	
Reserv Deposits o	vations are requested. Sen Total fee <i>in</i> are non-refundable and an	Deposit for weekend and weekled reservation form with deposit acludes amount of deposit. The transferable one time during the RGE FOR ALL RETURNED Comments.	(if necessary). the calendar year.
Mr. Mrs. Ms. Name Other		Phone(h)	
(w)		(c)	
Diet Needs			
DEPOSIT/ PAYMENT A	AMOUNT \$	Enclosed is my check #	or charge my credit card:
MASTERCARD V	ISA DISCOVER _	Card #	
Expiration date		name as it appears on your cr	edit card
	111110	(for Credit Card Authorization	
	(518) 393-4169 • Fax: (r • 1945 Union St. (Route 7) • 518) 393-4525 • E-mail: dslcnywww.dslcny.org	@nybiz.rr.com
	(Reservations can be m *do not send crec	ailed, faxed, emailed * or phoned) dit card info via email	(Office Use Only) BK DB List Conf