

**LEADERSHIP FORUM RESERVATIONS REQUEST**

Family Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Spouse Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Number/Street/P.O. Box) City State Zip

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

<b>CHECK REGISTRATION TYPE</b>		
<b>CORPORATE EMPLOYEE</b>	<b>NONPROFIT/EDUCATION EMPLOYEE</b>	<b>STUDENT/RETIRED OR UNEMPLOYED</b>
<b>\$750</b>	<b>\$500</b>	<b>\$250</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**NAMES OF FAMILY MEMBERS AND GUESTS**

<b>Name</b>	<b>Date of Birth</b>	<b>Relationship</b>	<b>Sex</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**RESERVATION REQUEST ACCOMMODATIONS AND DATES DESIRED IN PREFERENCE ORDER**

No. of Adults _____	1st Choice _____	from: ____ to: ____
No. of Children _____	2nd Choice _____	from: ____ to: ____
(6-12) _____ (13-17) _____ (0-5) _____	3rd Choice _____	from: ____ to: ____
	4th Choice _____	from: ____ to: ____

No. of Rooms \_\_\_\_\_

Please Note- Room Numbers are a request only not a guarantee.

**ROOM TYPE:**

- Private Bath
- Shared Bath
- Cottage
- Handicap-Equipped
- Wheelchair-Accessible

When you've completed this form please scan and email back to [reservations@silverbay.org](mailto:reservations@silverbay.org) or fax to **518.543.6537**

OFFICE USE ONLY  
Res #: \_\_\_\_\_