



Isabella Freedman JEWISH RETREAT CENTER

PASSOVER HOLIDAY 2012

Friday, April 6 – Sunday, April 15, 2012

Guaranteed Pricing Early Registration Form

Space is limited, so please fill out and mail this completed form with your \$100 deposit to:

Passover Program
Isabella Freedman Jewish Retreat Center
116 Johnson Rd
Falls Village, CT 06031

Rates

- Early sign-ups are only for the full Passover program. Partial stays are not being accepted at this time.
- Rates range from \$1250 to \$2549. Prices include all meals, and a \$50 gratuity per person.
- Airport shuttle from or to Hartford costs \$50 per person, each way. Train shuttle from or to Wassaic costs \$15 per person, each way.
- Bus costs \$80 round trip.

| DOUBLE OCCUPANCY ROOMS | | SINGLE OCCUPANCY ROOMS |
|---|--|--|
| Private Bath Premium Double Occupancy: \$1999 Weinberg, May | Semi-Private Bath: \$1399 Maple, Blue Heron, Cedar | Shared Bath Elm, Kaufman, Daisy: \$1875 |
| Deluxe Double Occupancy: \$1899 Scheuer | Shared Bath: \$1250 Elm, Kaufman, Daisy | Semi-Private Bath: \$2099 Maple, Blue Heron, Cedar |
| Traditional Double Occupancy: \$1699 Pine | | Private Bath: \$2549 Pine |

Accommodations Selection

Single or double occupancy: _____

Name of preferred cottage: _____

Name of suggested roommate (if applicable): _____

How Are You Getting to Isabella Freedman? *Please circle one choice.*

Plan to Drive

NYC Bus Provided by Isabella Freedman

Bradley Airport
(Hartford, CT)

Wassaic Train

The registration form continues on the back of this page
Please complete all information on both sides

Participant Information: Please print neatly and clearly.

LAST NAME (PLEASE PRINT) FIRST NAME SEX (M/F) NEW/RETURNING

LAST NAME (PLEASE PRINT) FIRST NAME SEX (M/F) NEW/RETURNING
(Please indicate if your husband or wife is attending, if applicable.)

ADDRESS APT # CITY STATE ZIP

TELEPHONE EMAIL

Payment Information

All registration forms are subject to approval and a deposit of \$100 per person is required and is **non-refundable** under all circumstances. Registration forms and balance must be received **by February 1, 2012** in order to insure a space in the program.

There is an additional \$275 fee if you cancel after **March 1, 2012**.

You will lose 50% of the total fee if you cancel after **March 18, 2012**.

There will be no refunds for cancellations after **March 31**, for late arrivals, or for early departures. This cancellation policy applies even if the cancellation is for medical reasons.

Please select a payment option:

- Pay by credit card.** Please charge my credit card in the amount of \$_____.
 Check here if you would like the balance to be automatically billed to your credit card on **February 1, 2012**.

Circle One: VISA Mastercard American Express

Card Number: _____ Security Code: _____ Expiration Date: _____

- Pay by check.** I have enclosed a check payable to **Isabella Freedman** in the amount of \$_____. I will send the remaining balance by **February 1, 2012**.

Your Signature: _____ Date: _____

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