

SEASIDE HOME, INC – 2024 RESERVATION REQUEST FORM

A Reference Form is required for any New Guest before a reservation can be accepted.

Anyone over 18 must have their own form. Husband & Wife can share one form.

Name on Reservation: _____

Spouse on Reservation: _____

Children under 18 on reservation	M/F	Relationship	Age	Date of Birth
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

Address: Is this a new address? { }yes { }no

Street: _____

City: _____

State and Zip code: _____

Home Phone: _____ Cell Phone: _____

Email address: (required for each adult or couple)

*You will receive a reservation confirmation by email. No email? Please enclose a self-addressed stamped envelope for Confirmation Receipt.

Emergency Contact (name and number of someone not traveling with you):

ALL GUESTS	
July 6-13	August 10-17
July 13-20	August 24-31
July 20-27	
August 3-10	

Women & Children Only
(boys 13 and under at check-in)
June 29 - July 6
July 27- August 3
August 17-August 24

Weekly Rates	
Age 14 - Adult	\$275
Children 10-13	\$150
Children 5-9	\$75
Children 1-4	\$25
Infants	\$0

I want to request the following week: _____

I want to request this week if my 1st choice is unavailable: _____

If you are sending a reservation after June 1, 2024, please check our website for availability.

Notes to Registrar:

***Submit a \$50 deposit for each guest age 11 and older**

*Make all checks payable to SEASIDE HOME INC.

Balance due payable at desk upon check-in. Checks or cash only.

*Mail this request and deposit check to: Heather Chellew c/o Seaside Home
PO Box 654 Swedesboro, NJ 08085

I have read and accept the reservation policies of Seaside Home, Inc:

Signature: _____ Date: _____