

SEASIDE HOME, INC

2025 Reservation Request Form

Guest Information

9 Week Season

Check the box next to all new information. Submit the required Reference Form for all new adult Guests.

Adult, Guest #1	<i>All Guests:</i>
Email Address	Jul 05 – Jul 12
Spouse, Guest #2	Jul 12 – Jul 19
Email Address	Jul 19 – Jul 26
Mailing Address	Aug 02 – Aug 09
	Aug 09 – Aug 16
	Aug 23 – Aug 30 ~~~
Contact Phone #	<i>Women & Children (boys 13 and under):</i>
<u>Notes to Registrar</u> (e.g. – room, traveling with others, late arrivals, request contact, etc.)	Jun 28 – Jul 05
	Jul 26 – Aug 02
	Aug 16 – Aug 23

Minor Children Guest Information

First & Last Name – Child under 18 years old	M/F	Relationship	Date of Birth	Age	
					<i>Weekly Rates:</i>
					Adult, age 14+ \$300
					Ages 10 – 13 \$150
					Ages 5 – 9 \$75
					Ages 1 – 4 \$25
					Infant \$ 0

Request Reserve this week _____
Details: If my 1st choice is full, Reserve this week instead _____

I am enclosing a check to cover the \$50 deposit for each guest over 10 years old, \$ _____
 I am enclosing an additional payment of \$ _____

Make checks payable to Seaside Home, Inc. Balance due at check-in.
 I have read and accept the reservation policies of Seaside Home.

Signature and Date: _____