

SEASIDE HOME, INC 2026 RESERVATION REQUEST FORM

Guest Information

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	June 24-June 27 (reduced fees)
Spouse, Guest #2	July 4-July 11
Email Address	July 11-July 18
Mailing Address	July 25-Aug 1
	Aug 1- Aug 8
	Aug 8-Aug 15
Contact Phone #	Aug 22-Aug 29
	Aug 29-Sept 5
	<i>Women & Children</i> <i>(boys 13 and under):</i>
<u>Notes to Registrar</u> (e.g. - room, traveling with others, late arrivals, request contact, etc.)	June 27-July 4
	July 18-July 25
	Aug 15-Aug 22

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+ \$350
					Ages 10 - 13 \$175
					Ages 5 - 9 \$100
					Ages 2 - 4 \$50
					Ages 0-1 \$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 10 years and older \$ _____

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: _____