

Programs fill on a first-come basis. \$100 per person deposit is required to reserve your space.

LAST NAME #1	FIRST NAME #1	DATE OF BIRTH	GENDER
LAST NAME #2	FIRST NAME #2	DATE OF BIRTH	GENDER
ADDRESS	CITY	STATE	ZIP
PHONE #	EMAIL ADDRESS		
<b>Roommate Name:</b> Do you have any medical needs that re	quire special accommodation? (pl		le Room, Private Bath le Room, Private Bath ble Room, Shared Bath ble Room, Shared Bath
Special Needs:			
Please enroll me in the following	g program: r <b>7–13   □ September 13</b> •	–19 🛛 September 7–1	19 🛛 October 5–11
Amount enclosed: \$	(\$100 deposi	t per person)	
<b>Check:</b> Mail Registration	Form with enclosed check pay	able to Chautauqua Center	
Charge: Send email to re	equest <b>invoice</b> . All major credit	cards, ACH, and PayPal acc	cepted.
	ed in full if the program is cancel gram. Full payment (minus the de		
Chautauqu	Mail registration form 8 a Center • 507 Wilson Roa	•	)
Request invoice by email for credi	t card, PayPal, or online check	c (ACH) payments: <u>tyrone@</u>	chautauquacenter.com
Concollation Policy			

## **Cancellation Policy**

Cancellations must be sent in writing (postal mail or email) and received 8 weeks before the start of the program for you to receive a 50% refund of the deposit. The following fee schedule applies to canceled registrations:

\* 12 weeks or more
\* Between 12 to 8 weeks
\* Between 8 to 4 weeks
\* Between 4 to 1 week
\* Less than 1 week or no-show
\* State 1
\* State 2
\* State 2</l

If you wish to transfer to another Chautauqua Center program, you may do so at no charge up to 8 weeks prior to the start of the program. If you wish to transfer less than 8 weeks before the program start date, the following fees apply: **4 weeks or longer: \$50 Fewer than 4 weeks: \$100** 

The Chautauqua Center reserves the right to cancel any program or make reasonable changes in itinerary or program details when deemed necessary for the safety of group members.