

Kosher Mountain Retreats

Reservation form for Pesach at the St Regis Monarch Beach 2010
March 28 - April 7, 2010

ב"ס"ד

Name (First & Last) _____ Spouse _____

Address _____ Apt # _____

City _____ State _____ Zip _____ E-mail _____

Phone numbers: Home (_____) _____ Home fax (_____) _____

Office (_____) _____ Office fax (_____) _____

His cell (_____) _____ Her cell (_____) _____ HOW DID YOU HEAR ABOUT US? _____

Hotel Arrival date _____ Arrival time _____ AM PM (Please check one)

Hotel Departure date _____ Departure time _____ AM PM (Please check one)

Hotel rooms: Resort/Garden View Pool View Ocean View Executive R.G.V. Executive P.V.
 Suites: Executive Ocean St Regis Suite R.G.V. St Regis Suite P.V. St Regis Suite Ocean View
Two Bedroom Suite Monarch Suite The Royal Suite Presidential Suite

Number of guests: ADULTS 13 & up _____ 9-12 _____ 2-8 _____ under 2 _____ Total people in room _____

Names of children/adults in room

NAME _____ AGE _____ M F NAME _____ AGE _____ M F

NAME _____ AGE _____ M F NAME _____ AGE _____ M F

Day camp needed for _____ Children - **Babysitting** needed for up to _____ Children - **Playgroup** needed for _____ children

*ROLL AWAY BED CRIB HIGH CHAIR BOOSTER *MINI REFRIGERATOR BEDDING PREFERENCE
 *15.00 per day

Minyanim: Ashkenaz Minyan (Early Minyan) Sefard Minyan Kohen Levi Yisroel

A required deposit of \$1200 per person and \$600 per additional 3rd or 4th person in the same room will secure your reservation.
 Deposits are non refundable.

Please write checks, to Kosher Mountain Retreats.

For deposit made with a credit card:

I _____, authorize Kosher Mountain Retreats to charge \$ _____ to my credit card listed below.

Credit Card Type: _____ Credit Card Number: _____

Name on credit card: _____ Expiration Date: ____/____/____

Authorized Signature: _____

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Registration form continued

Dining and special requests

THE SEDORIM

Family/Ballroom

We would like to join the Family/Communal Seder

We would like to have a private Seder @ \$800 per night

For both Sedorim please seat us with _____

For all other meals:

I would like to share a table with _____

a room near _____

Special Diet _____

Special Occasion _____ Date of Occasion _____

Special Instructions/Hotel _____



We look forward to welcoming you at the ST. Regis Monarch Beach Resort. IY"HI!

Our Mailing Address: KMR TOURS 403 Crown St. Brooklyn NY 11225
Toll-Free: 888-567-0100 • Phone: 718-395-9040 • Fax: 718-504-7919 WWW.KMRTOURS.COM • Email KMRTOURS@aol.com