

# Hostelling International - Chamounix Mansion

## DAY USE RESERVATION FORM

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3250 Chamounix Drive Philadelphia, PA 19131  
Email: [chamounix@philahostel.org](mailto:chamounix@philahostel.org)

Telephone: 215-878-3676 or 1-800-379-0017  
Fax: 215-871-4313

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### Group Information

Name of Group: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: Day: \_\_\_\_\_ Evening: \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Day Use Dates (12pm-4pm) \_\_\_\_\_ Time of Arrival: \_\_\_\_\_

Description of Group \_\_\_\_\_

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**Number of People Attending:** adults \_\_\_\_\_ children \_\_\_\_\_

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### Cost & Payment Worksheet

|                         |            |                                 |
|-------------------------|------------|---------------------------------|
| <b>Number of people</b> | <b>Fee</b> | <b>TOTAL DUE:</b> _____         |
| 20 or fewer             | \$65       |                                 |
| 21 – 50                 | \$90       | 50% Due for Deposit: _____      |
| 51 – 80                 | \$120      |                                 |
| 81 – 110                | \$150      | Balance Due Upon Arrival: _____ |
| 111 – 140               | \$180      |                                 |

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### Group Reservation Policy

All reservation requests are tentative until confirmed with a deposit. For a secured reservation, 50% of the total fee is required at least 30 days prior to arrival. The deposit can be made with Visa, MasterCard, check or money order. The balance of account is due upon arrival. Reservations must be cancelled in writing at least 30 days prior to scheduled arrival. Reservations cancelled less than 30 days prior to the scheduled arrival receive no refund. Any major changes to group size or to male/female count must be made at least 14 days prior to scheduled arrival to avoid penalty. Small changes (less than 10% of group size) may be made up to 48 hours prior to arrival. Group will be held responsible for the total numbers of beds reserved unless 48 hours notice is given of change in number of beds needed.

**Contact's Signature:** \_\_\_\_\_