



The Hochdorf Family  
jnau raf dj

800-474-9627

845-371-06

**SCHEDULE OF RATES PER PERSON - PESACH 2010**

*Lunch, Monday, March 29 to Breakfast, Wednesday April 7, 2010*

Ultra Deluxe Tower -- 3rd and 4th floors.....	\$2,695
Ultra Deluxe Tower -- 5th, 6th, 7th and 8th floors.....	\$2,670
Ultra Elms -- Ground floor.....	\$2,695
Ultra Elms -- 1st, 2nd and 3rd floors.....	\$2,670
New Royals.....	\$2,430
Willows.....	\$2,395
Golfview Maples.....	\$2,330
Standard Maples.....	\$2,190
Regular Maples.....	\$2,150
Single Occupancy -- Towers, Royals, Willows and Maples, Quoted rate +70%	
Children (up to age 12) in Children's Dining Room.....	\$1,220
Children (up to age 12) in Main Dining Room.....	\$1,290
Third, Fourth or Fifth person in room.....	\$1,380
Children, ages 1-2.....	\$385
Infants under 1 year of age.....	\$150
Refrigerator, if available.....	\$30
Sunday night, Early Arrival - March 28 ( <u>Lodging only</u> and Breakfast).....	\$110

*All rates are subject to state and local taxes (currently @ 8.75%)*

\*\*\* A deposit check of \$400 per room is required to confirm reservations \*\*\*

All deposits are refundable until 1/15/10

**Please make checks payable to: PESACH AT THE GRANIT, INC.**

Mail to: 4 Ruth Court, Monsey, NY 10952

**Please note: Payment in full must be received no later than Friday, February 12, 2010**

All reservations are subject to confirmation! There will be no refunds of any monies for cancellations after Februa for any "no show" reservations. Trip cancellation insurance is recommended.

Once the Yom Tov is in progress no refunds can be considered.

The Hudson Valley Resort will accept payments thru major credit cards at a 4% surcharg

**Barry & Harriet Hochdorf**

1-800-474-9627 \* 845-371-0680

**Reservation** (detach and mail)

Monday, March 29 to Wednesday April 7, 2010

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Rate desired: \_\_\_\_\_ Number of persons: *single* \_\_\_ *double* \_\_\_ *Three in room* \_\_\_

**NUMBER OF BEDS NEEDED IN ROOM** \_\_\_\_\_ Crib \_\_\_\_\_

**SEATING REQUESTS:** Please indicate with whom you would like to be seated. We appreciate your filling out this and the above requested information: \_\_\_\_\_



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