

**RETREAT RESERVATION REQUEST FORM**

NEW YORK STATE BAR ASSOCIATION  
Twentieth Annual Lawyer Assistance Program Spring Retreat  
May 14-16, 2010

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

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

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Number of Adults: \_\_\_\_\_ Number of Children: \_\_\_\_\_

Names: (please specify ages of children)

\_\_\_\_\_

\_\_\_\_\_

Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_

**(Silver Bay will offer the same room rates for Thursday evening should you wish to extend your stay)**

Number of Rooms: \_\_\_\_\_

Type of Credit Card, account number and expiration date: \_\_\_\_\_

\_\_\_\_\_

**Saturday Evening Dinner Choice**

(please indicate meal choice for each individual in your party-by name)

**Marinated Braised Beef with Mushrooms** \_\_\_\_\_

**Seasoned Chicken Breast with Tomato Avocado Salsa** \_\_\_\_\_

**Ginger Honey Glazed Salmon Filet** \_\_\_\_\_

**Mediterranean Rigatoni and Feta** \_\_\_\_\_

**Child's Meal: Chicken Fajita** \_\_\_\_\_ **Macaroni & Cheese** \_\_\_\_\_

Please notify hotel of any dietary restrictions

**NOTE: CHECK-IN TIME IS 4:00 P.M.**

**Return this completed form by mail or fax to:**

Silver Bay Association  
87 Silver Bay Road  
Silver Bay, NY 12874  
518-543-6537 (fax)  
518-543-8833 (phone)