

Garden State Ski Club

Vermont Lodge Reservation Request Form

SHAREHOLDERS ONLY

Member Name:	Member Name (if sharing):
E-Mail address:	Home phone:
	Work Phone:
	Cell Phone:

	<u>Per-Person</u>	<u>Savings</u>
Quarter Share (A) _____ (Any 15 days)	\$420	\$105
Quarter Share (B) _____ (Any 20 days)	\$525	\$175
Half Share _____ (Any 30 days)	\$750	\$300
Full Share _____ (Any 50 days)	\$1200	\$550

* Lodge room choice: 1st _____ 2nd _____

* EVERY EFFORT WILL BE MADE TO GRANT THE SPECIFIC ROOM REQUEST. ALL REQUESTS ARE BASED ON AVAILABILITY AND NOT GUARANTEED.

*Friday or Saturday night (1 night only) Available ONLY if reservation will not displace a full weekend reservation.

ONLY VACCINATED GUEST AND MEMBERS ALLOWED AT THE VERMONT LODGE

WHEN YOU MAKE YOUR RESERVATION, PLEASE SEND IN YOUR PROOF OF VACCINATION.

ALL SHAREHOLDERS RESERVATIONS AND CANCELLATIONS ARE SUBJECT TO CURRENT LODGE POLICIES.

Name (print): _____ Signature: _____ Date: _____

Name (print): _____ Signature: _____ Date: _____

BY SIGNING THIS RESERVATION REQUEST FORM AND FILLING OUT THE ACCOMPANYING SHAREHOLDERS RESERVATION SHEET, THE MEMBER UNDERSTANDS AND AGREES TO FOLLOW ALL HOUSE RULES, HOUSE RESERVATION AND COVID POLICES.

**A CHECK FOR FULL PAYMENT MUST ACCOMPANY THIS RESERVATION FORM
THE SHARES ARE VAILD FROM SEPTEMBER 1, 20__ TO AUGUST 31, 20__ FOR 1 YEAR.**

Office Use Only

Check # _____

Amount: _____

Date Rec'd: _____

Shareholders Reservation Sheet

Check in Date

Check out Date

Check in Date

Check out Date

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Shareholders Reservation Sheet

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