

ROKKA CRYSTAL LODGE RESERVATION FORM

This form may be duplicated

Person requesting reservations	Priority User Y/N _____
Name _____	Phone: Home _____ Work _____
Address _____	City/State _____ Zip _____

Please reserve beds for the people listed below on dates specified:

Fill in dates/days and mark X for each person's lodging MONTH of _____ 20__

List each person's name and membership status		DAY DATE	Fri	Sat	Sun	Mon	Tue	Wed	Thu	
NAME (One per line)	MEMBER Yes/No	AGE Minor								LODGE FEES
1										\$
2										\$
3										\$
4										\$
5										\$
6										\$
7										\$

(Use reverse side if additional space is needed)

Total: _____

	Priority User	Rokka Member		Priority User	Rokka Member
Weekend Rates (Fri-Sat Night)			**Midweek Rates (Sun-Thurs Night)		
Adult (18+ age)	\$50	\$70	Adult (18+ age)	\$35	\$50
Child (6 – 17 age)	\$25	\$40	Child (6 – 17 age)	\$20	\$35
5 and under	Free	Free	5 and under	Free	Free
Family Rate (2 Adult & 2 Child)	\$120	\$150	Family Rate (2 Adult & 2 Child)	\$80	\$120

******Mid-Week Rates are not applicable for Holiday weeks of Thanksgiving, Christmas, New Years, and Presidents Day.**

I have fully informed myself of the contents of the ROKKA SKI LODGE RULES AND REGULATIONS and will be responsible for any damage due to my negligence.

Signed _____ Date _____

Email to: Lodge Reservations Manager, Shigeko Calos-Nakano
 Payment Options: Zelle & Check (checks payable to Rokka Ski Club)

Questions? shigeko@msn.com or (206) 909-0661