

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>
Bronze Discount (A) (Any 15 days) _____	\$460	\$140
Silver Discount (B) (Any 20 Days) _____	\$575	\$225
Gold Discount (Any 30 Days) _____	\$790	\$410

* 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:* _____

Revised September 2026

Date Rec'd: _____

Shareholders Reservation Sheet

Check out Date

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Shareholders Reservation Sheet

Check in Date

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