

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 _____
Total Room Fees Enclosed \$ _____	Key Deposit Check No. _____ Key No. _____

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

Fill in dates/days and mark X for each person's lodging
 MONTH _____ 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										\$

(Use reverse side if additional space is needed) **Priority Membership \$400 per year**

Weekend Rates	Priority User	Priority Guest	Rokka Member	Rokka Guest
Adult	\$40	\$40	\$45	\$45
Child	\$15	\$15	\$20	\$20
5 and under	Free	Free	Free	Free
Family Rate	\$75	NA	\$100	NA
Midweek Rates	Priority User	Priority Guest	Rokka Member	Rokka Guest
Adult	\$20	\$20	\$25	\$25
Child	\$10	\$10	\$15	\$15
5 and under	Free	Free	Free	Free
Family Rate	\$40	NA	\$50	NA

****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 _____

Mail to: Lodge Reservations Manager, CANDACE YAPLEE, 3045 BEACON AVE. SO., Seattle, WA 98144, Telephone 328-1465.
 Make All checks payable to Rokka Ski Club.