

New Year Holiday 2018-2019

Reserve for: _____ Phone: _____
 For add'l Room, list Sponsoring Member: _____ Phone: _____

This Reservation is for: Member
 (select from dropdown: Member, Add'l room)

Room Preferences: _____ (in priority order) Age: _____
 Arrival Date: _____ Departure Date: _____ Gender (M or F): _____
 Dorm (Y or N): _____

CHILDREN			

1st Half Priority Number			Fees		Dates					Total #	Charges	
			Member	Add'l Room	Fri 12/21	Sat 12/22	Sun 12/23	Mon 12/24	Tue 12/25			Wed 12/26
Room Charges	Adults	> 20	\$ -	\$ 20.00								
	Teen	13 - 20	\$ -	\$ 6.00								
	In Room Child	4 - 12	\$ -	\$ -								
	Young Child	< 4	\$ -	\$ -								
Meal Charges	Breakfast	4+	\$ 5.00	\$ 5.00								
	Breakfast (Not Taken)	4+	\$ 2.00	\$ 2.00								
	Dinner	14+	\$ 10.00	\$ 10.00								
	Dinner	4 - 13	\$ 5.00	\$ 5.00								
	Dinner (Not Taken)	4+	\$ 5.00	\$ 5.00								

2nd Half Priority Number			Fees		Dates						Total #	Charges	
			Member	Add'l Room	Wed 12/26	Thu 12/27	Fri 12/28	Sat 12/29	Sun 12/30	Mon 12/31			Tues 1/1
Room Charges	Adults	> 20	\$ -	\$ 20.00									
	Teen	13 - 20	\$ -	\$ 6.00									
	In Room Child	4 - 12	\$ -	\$ -									
	Young Child	< 4	\$ -	\$ -									
Meal Charges	Breakfast	4+	\$ 5.00	\$ 5.00									
	Breakfast (Not Taken)	4+	\$ 2.00	\$ 2.00									
	Dinner	14+	\$ 10.00	\$ 10.00									
	Dinner	4 - 13	\$ 5.00	\$ 5.00									
	Dinner (Not Taken)	4+	\$ 5.00	\$ 5.00									

Member Signature: _____
 (to be signed at lodge)
 Date: _____

Total Room and Meal Charges

Less: Bar Food Reimbursement

Collected by: _____

Net Amount Due

Host: Send all signed forms and check to the Treasurer - Dan Connell, 64 Robbins Road, Arlington, MA 02476

or
 Cancellation Fee
 (\$10 Per Adult per Weekend)

PLEASE RE-NAME THIS FILE WITH YOUR NAME AND RESERVATION DATE BEFORE EMAILING TO THE HOST!
 (e.g. "[Your name] [Reservation date] Res Form" or "Smith 01 15 18 Res Form")