

LEXINGTON SKI CLUB RESERVATION FORM

Revised Feb 26, 2017

Week of: _____ Priority Number: _____

Arrival Date: _____ Departure Date: _____

Member: _____ Phone: _____
 Room _____
 Preferences: _____ (in priority order)

Guest:* _____
 Room _____
 Preferences: _____ (in priority order)

CHILDREN			
Age:			
Gender:			
Dorm (Y / N):			
Member (Y / N):			

For off-season reservations, please send this completed form to the Treasurer:

Snail mail Dan Connell
 64 Robbins Road
 Arlington, MA 02476

Email treasurer.lexski@gmail.com

* Only 5 guests are permitted per family membership and 3 guests per derivative membership without Lodge Chairman approval. If more than one guest family please use a second form.

		MEAL CHARGES	Age	Fees	FRI	SAT	SUN	MON	TUE	WED	THU	Total #	Charges (Fees * Total#)	Notes
<i>Member</i>	Breakfast	4+	\$ 5.00									0	\$ -	
	Breakfast (Not Taken)	4+	\$ 2.00									0	\$ -	
	Dinner	14+	\$ 10.00									0	\$ -	
	Dinner	4 to 13	\$ 5.00									0	\$ -	
	Dinner (Not Taken)	4+	\$ 5.00									0	\$ -	
<i>Guest</i>	Breakfast	4+	\$ 5.00									0	\$ -	
	Breakfast (Not Taken)	4+	\$ 2.00									0	\$ -	
	Dinner	14+	\$ 10.00									0	\$ -	
	Dinner	4 to 13	\$ 5.00									0	\$ -	
	Dinner (Not Taken)	4+	\$ 5.00									0	\$ -	
		ROOM CHARGES	Age	Fees	FRI	SAT	SUN	MON	TUE	WED	THU	Total #	Charges (Fees * Total#)	
<i>Member</i>	Adults	> 20	\$ -									0	\$ -	
	Teen	13 - 20	\$ -									0	\$ -	
	In Room Child	4 - 12	\$ -									0	\$ -	
	Young Child	< 4	\$ -									0	\$ -	
<i>Guest</i>	Adults	> 20	\$ 20.00									0	\$ -	
	Teen	13 - 20	\$ 6.00									0	\$ -	
	In Room Child	4 - 12	\$ -									0	\$ -	
	Young Child	< 4	\$ -									0	\$ -	

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

Collected by: _____
 (Host or Treasurer)

\$ -	Total Room and Meal Charges
	Less Bar Food Reimbursement
\$ -	Net Amount Due
	or Cancellation Fee
	(\$10 Per Adult per Weekend)

(Please name this file with your name and reservation date before e-mailing to the host)