

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 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: _____

Weekend Rates	Priority User	Rokka Member	**Midweek Rates	Priority User	Rokka Member
Adult	\$45	\$65	Adult	\$30	\$45
Child	\$20	\$35	Child	\$15	\$30
5 and under	Free	Free	5 and under	Free	Free
Family Rate	\$85	\$140	Family Rate	\$60	\$90

******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 _____

Mail to: Lodge Reservations Manager, CANDACE YAPLEE, 3045 BEACON AVE. SO., Seattle, WA 98144, phone: (206) 328-1465.
Make All checks payable to Rokka Ski Club. Questions? rokka.lodge@cablespeed.com