

Stone Hut Reservation Request Form

2 Night Minimum	
Desired Nights (1 st Choice):	
Alternate Nights #1:	
Alternate Nights #2:	
Alternate Nights #3:	
Alternate Nights #4:	
Alternate Nights #5:	
Alternate Nights #6:	
Alternate Nights #7:	
Alternate Nights #8:	
Alternate Nights #9:	
Alternate Nights #10:	
Alternate Nights #11:	
Alternate Nights #12:	
Alternate Nights #13:	
Alternate Nights #14:	
Alternate Nights #15:	

(List and submit additional dates on a separate sheet if necessary)

I certify I am not requesting any of the same nights as another member of my camping party.

Signature: _____

Contact Information					
Name:		Email:			
Address:					
City:		State:		Postal Code:	
Home Phone #:		Cell Phone #:			

Only valid if received between 9/15-11/1

Enclosed is payment in full for my stay:

Check for \$300 a night.

Make Checks Payable to "State Of Vermont." Include multiple checks if requesting varying lengths of stay (ex. 2 and 3 night requests – 1 check for \$600 and 1 for \$300).

Vermont State Parks may charge my credit card for \$300 for each night I am awarded.

Signature: _____

Billing Information (for credit card payment only)				
Card #: MC/Visa/Discover		Expiration Date:		
Name as it appears on card:		CVV #:		
Billing Address				
Name:				
Address:				
City:		State:		Postal Code:

Mail To: Vermont State Ski Dorm, 6992 Mountain RD, Stowe, VT 05672

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