Stone Hut Reservation Request Form

Desired Reservation Block(1 st Choice):	
Alternate Reservation Block #1:	
Alternate Reservation Block #2:	
Alternate Reservation Block #3:	
Alternate Reservation Block #4:	
Alternate Reservation Block #5:	
Alternate Reservation Block #6:	
Alternate Reservation Block #7:	
Alternate Reservation Block #8:	
Alternate Reservation Block #9:	
Alternate Reservation Block #10:	
Alternate Reservation Block #11:	
Alternate Reservation Block#12:	
Alternate Reservation Block#13:	
Alternate Reservation Block #14:	
Alternate Reservation Block #15:	
Example:	"#17" or "any block in March" or "Any block from #12-21" or "Any Monday/Tuesday Block"

(List and submit additional reservation blocks 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 Info	ormation	
Name:		Email:	
Address:			
City:		State:	Postal Code:
Home Phone #:		Cell Phone #:	

Enclosed is payment in full for my stay:



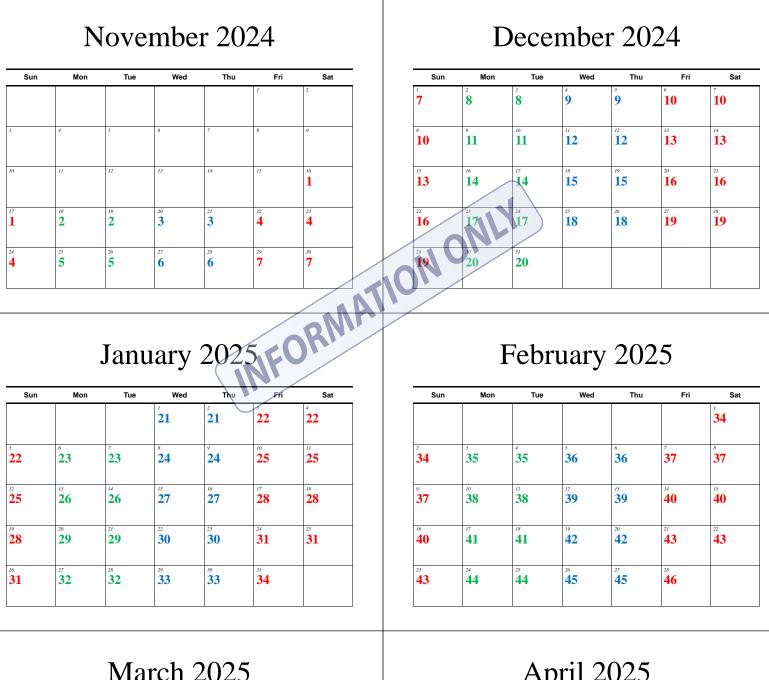
yment in full for my stay: Check for \$309 a night. Make Checks Payable to "State Of Vermont." Include multiple checks if requesting varying lengths of stay (ex. 2 and 3 night requests – 1 check for \$618 and 1 for \$309).

Vermont State Parks may charge my credit card for \$309 for each night I am awarded.

Signature:

	Billing Information (for cre	dit card pay	ment only	()	
Card #:				Expiration	
MC/Visa/Discover				Date:	
Name as it appears				CVV #:	
on card:				CVV #:	
	Billing Ad	dress			
Name:					
Address:					
City:		State:		Postal Code:	

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



March 2025

Sun	Mon	Tue	Wed	Thu	Fri	Sa
						46
46	³ 47	47	^s 48	⁶ 48	⁷ 49	⁸ 49
4 9	¹⁰ 50	50	¹² 51	¹³ 51	¹⁴ 52	¹⁵ 52
¹⁶ 52	¹⁷ 53	¹⁸ 53	¹⁹ 54	²⁰ 54	²¹ 55	²² 55
²³ 55	²⁴ 56	²⁵ 56	²⁶ 57	²⁷ 57	²⁸ 58	²⁹ 58
30 58	³¹ 59					

April 2025

* 59 8 62	² 60 63 ¹⁶	³ 60 ¹⁰ 63 ¹⁷	4 61 11 64 18	s 61 ¹² 64 ¹⁹
62	63	63	64	64
15	16	17	18	19
22	23	24	25	26
29	30			
	29	29 30	29 30	29 30