

Room Reservation Form

Name

Home Address

Home Phone Number Cell Phone Number

Name of High School

Position at the High School

Address of High School

High School Phone Number High School Fax Number

E-Mail Address

*When making your choice please note: The Champlain Experience is available on the following Thursdays and Fridays:
July 23-24 and July 30-31*

FIRST CHOICE:

Arrival Day and Date Departure Day and Date

SECOND CHOICE:

Arrival Day and Date Departure Day and Date

Number in Party Ages of Children (if any)

Please specify any special needs that may be required:

PLEASE NOTE: ** The residence hall is not air conditioned. ** Bathrooms are shared. ** Check-in time is between 12:00 and 4:30 p.m. on Thursday only. ** Please send a separate form for each family.

To submit this form, please complete, print and mail or fax to:

Champlain College Office of Admission
ATTN: Bradley Kelly
PO Box 670, Burlington, VT 05402-0670
Fax: 802-860-2767

To email this form, please complete, Save onto your computer, and email to: bkelly@champlain.edu