

Vasaloppet Bed & Breakfast Registration Form

To reserve accommodations, please complete and return
this form by mail or fax no later than 1/15/2020.
\$20.00/person

Name _____

Phone (day) _____ Phone (evening) _____

E-Mail _____

Address _____

City _____

State _____ Zip _____

Names of persons in party (including ages):

1. _____

2. _____

3. _____

Accommodations required _____

(i.e. 1 double bed, 2 single beds, 1 single bed, sofa, floor space)

Is sleeping bag space OK? _____

Special preferences: (Check all that apply) _____

No preferences No smoking No cats No dogs

Friday arrival time _____

Saturday departure time _____