

## 27605 BAIRD POINT DR, CAPE VINCENT, NY 13618 (908) 399-2143

## FILL IN FORM COMPLETELY. EMAIL Stay@TheBarracksClub IT IS MANDATORY FOR ALL GUESTS TO PRODUCE VALID DRIVER'S LICENSE OR PASSPORT UPON CHECK-IN

FULL NAME First	L	ast:	
ADDRESS Street Addre	ess	Street Line 2	
City		State	Zip Code
CONTACT INFO Cell #	E	mail	
VEHICLE INFO License	# Make	e/Model	/
ADDITIONAL PERSONS	SHARING ACCOMMODATIONS		
Name		_PHONE #	
Name		_ PHONE #	
Name		_ PHONE #	
	SE ADD ADDITIONAL NAMES & P  Check in after 3 PM		K OF PAPER  Check Out by 11 AM
ROOM CATEGORY A	LL ROOMS AND COMMON, INDO	OOR AREAS ARE NON-SM	OKING Smoking permitted outdoors.
Unit 1 \$119/night - O Unit 2 \$ 99/night - T Unit 3 \$139/night - B	ne bedroom with a Full bed and	a Twin bed. Pull-out Twi	enclosed Porch. (7 guest minimum) n couch.
•	o (2) night minimum. A \$200 Sec check-out and room has been lo	•	cluded in initial deposit. This will be
	ERSONAL CHECK for INITIAL DEP ERSONAL CHECK, VENMO or CA	, ,	Deposit.
	 Auth	orized Guest Signature	 Date