## CAS Employees and SUNY Cortland Faculty/Staff

## Raquette Lake Program Summer 2024 RESERVATION FORM Antlers

CAS Employee, SUNY	' Faculty/Staff:	
Phone No.:		
Street:		
City:	State:	Zip:
E-mail:		
Names of Adult Famil	y Members:	
Names of Children: (ii	nclude ages)	
Dietary needs and na	me of the person: (io	e. Vegetarian, peanut allergies, gluten-free)
☐ July 17-20, 2024 (W <b>Rates</b> : Adult \$290, Ch		v – 4 day session) under), under one free
\$50 deposit enclosed with this completed form. Checks should be made payable to: SUNY CORTLAND.		

Forward this form and your deposit to:

SUNY Cortland Parks Family Outdoor Center Professional Studies Building, Room 1131 P.O. Box 2000 Cortland, NY 13045