HIGH PEAKS RESORT

lake placid

RESERVATION FORM

NYS Association for Solid Waste Management

Sunday, September 22 to Tuesday, September 22, 2026
Submit only ONE form per room with all roommates listed.

Single or Double Occupancy **Room Only Rate** $165.00 per night
Rates are EXCLUSIVE of taxes..
If exempt, a completed form ST-129 must accompany reservation

- The cut-off date for making reservations will be Friday, September 4, 2026.
- A one-night deposit will be required at the time of reservation.
- Cancellations must be received 14 days prior to arrival to avoid **one-night cancellation fee.** Guests that do not check-in by 11:59 PM on their day of arrival, or who do not arrive for any portion of their stay, will be charged for the full amount of their stay.
- Check-in time is 4:00 PM and check-out time is 11:00 AM.

Name _____ Email _____

Company Affiliation _____

Street _____ City/State/Zip _____

Phone Number _____

Roommate Name _____Email _____

Arrival _____

Departure _____

Payment Method ( ) Credit Card ( ) Check (*Must accompany reservation form)*

Credit Card # _____

Expiration Date _____

I have read and agree to the above reservation policies.

X_____

SUBMIT FORM BY

Friday, September 4, 2026

High Peaks Resort
2384 Saranac Avenue
Lake Placid, NY 12946

Fax: (518) 523-1120
Email: reservations@highpeaksresort.com