

RESERVATION REQUEST

Sponsoring Group Name _____

Address _____

City _____ State _____ Zip _____

Contact Person _____ Phone _____

Estimated Number of Guests _____ Age of Group _____

Reservation Deposit _____ Alternate Phone _____

Arrival Date _____ Time _____ RESEVATION REQUEST Date _____ Time _____

PLEASE INDICATE ON THE CALENDAR BELOW WHICH NIGHTS YOU WILL STAY AND WHICH MEALS YOU WILL REQUIRE BY CHECKING THE SPACE THAT CORRESPONDS TO THE SERVICE.

DATE	CHECK ALL THAT APPLY			
Monday _____	Lodging _____	Breakfast _____	Lunch _____	Dinner _____
Tuesday _____	Lodging _____	Breakfast _____	Lunch _____	Dinner _____
Wednesday _____	Lodging _____	Breakfast _____	Lunch _____	Dinner _____
Thursday _____	Lodging _____	Breakfast _____	Lunch _____	Dinner _____
Friday _____	Lodging _____	Breakfast _____	Lunch _____	Dinner _____
Saturday _____	Lodging _____	Breakfast _____	Lunch _____	Dinner _____
Sunday _____	Lodging _____	Breakfast _____	Lunch _____	Dinner _____

Group Name _____

Signature _____