

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 _____ Departure 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 _____