

Organization / Contact Info:

RESERVATION ENTRY FORM

First Called: _____

NON-PROFIT ORGANIZATION NAME: _____

CONTACT NAME: _____

Home Address: _____

Organization Address: _____

ADDRESS: _____

CITY: _____

STATE: _____

ZIP: _____

WORK PHONE: () _____

Email: _____

CELL PHONE: () _____

CELL PHONE: () _____

UM: **Y / N**

Group Info:

NAME: _____

Reservation ID _____

EST #	_____	MIN:	_____	MAX:	_____
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START DATE: _____ ()	LEADER'S ARRIVAL TIME:	_____
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ENDING DATE: _____ ()	GROUP ARRIVAL TIME:	_____
	DEPART TIME:	_____

FIRST MEAL: _____	LAST MEAL: _____
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MEAL TIMES:	BRE	BRU	LUN	DIN
	_____	_____	_____	_____

MEAL NOTES: _____

EQUIP NOTES: _____

Nights	Meals	Rate	Notes