



GROUP RESERVATION FORM

PO Box 295, Hunter, NY 12442
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FAX: 518-263-4521

2009-2010

SNOWTUBING

GROUP NAME: _____

GROUP LEADER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE (WORK): _____ (HOME): _____

FAX: _____ E-MAIL: _____

TOTAL IN GROUP: _____ BUS CAR

DATE OF TRIP: _____

_____ x \$14 per session = _____

(circle session)

Friday: 5-7pm 7-9pm

Saturday: 9-11am 5-7pm 7-9pm

Sunday: 9-11am 3-5pm

Total Due: \$ _____

Total Paid: \$ _____

Balance: \$ _____

Cash Check # _____ Account

AMEX VISA MasterCard

Card#: _____ Card CCV/CID#: _____ Exp. Date: _____

Name as it appears on card: _____ Today's Date: _____

Signature: _____

Acct. Entered: _____ Invoice #: _____ Reservation Taken By: _____ Date Taken: _____