Three Mile Island
Appalachian Mountain Club

Application for Reservation 2010

Is this your first visit to TMI?
Yes_____ No _____
If yes, how did you hear about us?
_____

If you are reserving for more than one party and NEED SEPARATE INVOICES, PHOTOCOPY THIS FORM for EACH INVOICE. Each party must submit separate deposit checks

Name (responsible for payment) _____

Address_____
STREET TOWN/CITY STATE ZIP CODE

Telephone _____ _____ Email _____
DAY EVENING

CAN WE CONTACT YOU VIA EMAIL IN THE FUTURE? ¨_____

Please fill out the following for each person in your party (including the person, above, responsible for payment)

Name	Age at camp if under 14	Sharing a cabin with	AMC member (yes or no) Member #
1			
2			
3			
4			
5			
6			
7			
8			

Use the back of this sheet for additional names in your party. There is a limit of 4 cabins/12 people per reservation. Each member of your party must sign a LIABILITY WAIVER. Please submit all waivers with this reservation.

In this space, please provide names and specifics of SPECIAL DIETARY NEEDS (vegetarian, diabetic, gluten-free). If your needs are more specific, please contact the camp before arriving to discuss.

Dates at Camp:
1st choice: Week # _____ *2nd choice: Week # _____* *3rd choice: Week # _____* *4th choice: Week # _____*

Arrival time: 9 A.M. 12 P.M. 2 P.M. 5 P.M. Arriving on own boat.

Cabin Preference: 1_____ 2_____ 3_____

Registration deposit enclosed ($100 per guest): _____

OFFICE USE ONLY **Reservation #** **Week#** **Amount enclosed: $** **Check #**

Cabins: