



Application for Reservation 2008

Appalachian Mountain Club

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

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)
1			
2			
3			
4			
5			
6			
7			
8			

Use the back of this sheet for additional names in your party.
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. 12P.M. 2P.M. 5P.M Arriving on own boat.

Cabin Preference: 1 _____ 2 _____ 3 _____

Registration deposit enclosed (\$100 per guest): _____

____ I would like to be notified if there are openings to **extend my/our stay beyond two weeks** once the lottery is completed and everyone is accommodated.

OFFICE USE ONLY	Reservation #	Week#	Amount enclosed: \$	Check #
Cabins:				
Waivers:				