



Appalachian Mountain Club

Application for Reservation 2018

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

If you NEED SEPARATE INVOICES, please FILL OUT A SEPARATE FORM and submit separate deposit checks for EACH INVOICE.

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 18	Sharing a cabin with	AMC 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.
 A LIABILITY WAIVER, signed by each member of your party, must accompany this reservation.

Please include a separate note that specifies SPECIAL DIETARY NEEDS and SPECIAL PHYSICAL NEEDS of those in your party. With notice, we can accommodate moderate food allergies. We can't address all special diets nor avoid cross contamination for those with severe food allergies. For further information or clarification, please contact the Registrar at registrar@3mile.org or 856-235-2210.

Dates at Camp:

1st choice: Week # _____ 2nd choice: Week # _____ 3rd choice: Week # _____ 4th choice: Week # _____

During Week 1 only, one camper under 14 years old may stay for free when accompanied by one Weekly full price adult (21 or older)

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 (\$200 per guest, per week): _____ 50% refundable with >30 days' notice

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