



Appalachian Mountain Club

# Application for Reservation 2012

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 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.**

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:**

1<sup>st</sup> choice: Week # \_\_\_\_\_ 2<sup>nd</sup> choice: Week # \_\_\_\_\_ 3<sup>rd</sup> choice: Week # \_\_\_\_\_ 4<sup>th</sup> 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, per week):** \_\_\_\_\_

<b>OFFICE USE ONLY</b>	<b>Reservation #</b>	<b>Week#</b>	<b>Amount enclosed: \$</b>	<b>Check #</b>
<b>Cabins:</b>				