

RESERVATION REQUEST

NAME: _____ ADDRESS: _____

CITY: _____ STATE: _____

ZIP: _____ PHONE: _____

E-MAIL: _____ # IN PARTY _____

ARRIVAL DATE _____ DEPARTURE DATE _____

ACCOMMODATIONS:

PLEASE INDICATE DESIRED LAKE

UPPER FRYPAN _____ KROOKED _____

ENTWINE _____

DATE: _____

**RESERVATIONS REQUIRE A DEPOSIT OF \$150 PER/
PERSON. ALL DEPOSITS ARE NON-REFUNDABLE.**