

SWISS VALLEY GROUP RESERVATION FORM

(THIS FORM MUST BE RETURNED TO SWISS VALLEY WITH YOUR \$100 DEPOSIT)

DAY & DATE YOU PLAN TO VISIT: _____

ARRIVAL TIME **MI TIME** (Eastern Standard Time): _____ DEPARTURE TIME: _____

AVERAGE AGE OF GROUP: _____

GROUP NAME: _____ SPONSOR: _____

STREET: _____ STREET: _____

CITY: _____ CITY: _____

STATE: _____ ZIP: _____ STATE: _____ ZIP: _____

GROUP PHONE: A/C _____ + _____ HOME PHONE: A/C _____ + _____

E-MAIL _____ E-MAIL _____

Date and Time of departure from home: _____ CELL PHONE: _____

If your group is planning on staying overnight in the area, please list location and contact number:

(Just in case we need to contact you for any possible changes in hours, etc)

Swiss Valley needs to know the approximate number of people in your group. This does not have to be a final count, but as near an accurate estimate as possible. Please feel free to make additions.

Approximate number of **SKIERS**: (minimum of 15 for group rates) _____

Approximate number of skiers needing **SKI RENTAL** _____ **SNOWBOARD RENTAL** _____

Approximate number of **SKIING VALLEY KIDS** _____ **SNOWBOARDING VALLEY KIDS** _____

Approximate number of **NEVER EVER SKI LESSONS**: _____ **SNOWBOARD LESSONS** _____

Approximate number of **SUNDAY MORNING 'REPEAT'**: (skiers) _____ (boarders) _____

Approximate number of **SAT & SUN ALL DAY SKIERS & BOARDERS** _____

Approximate number of **CAFE MEAL CARDS** _____

Approximate number of **HELMET RENTALS** _____

(Optional) GROUP ORIENTATION DESIRED: _____ Yes, at _____ am _____ No

(Orientation not available after 11 a.m. Explanation on previous page)

IMPORTANT - EACH SKIER MUST KNOW THEIR HEIGHT, WEIGHT, AGE & SHOE SIZE UPON ARRIVAL

My \$100.00 deposit is enclosed. Upon receipt of this reservation form and deposit, we will send you confirmation of your group outing along with a Group Planning Kit.

SPONSOR SIGNATURE: _____

PAYMENT— CK# _____ CREDIT CARD: VISA MC DISCOVER
(CIRCLE ONE)

CARD # _____ EXPIRATION: _____ 3 DIGIT CODE _____
(located on back of card by signature)

SIGNATURE: _____ AMOUNT _____

**MAIL TO: SWISS VALLEY SKI & SNOWBOARD AREA
ATTN: GROUP RESERVATIONS
13421 MANN ST
JONES MI 49061**