



R-WILD HORSE RANCH

GROUP RESERVATIONS

OWNER NAME: _____

OWNER NUMBER: _____

CHECKING IN _____ CHECKING OUT _____

NUMBER OF GUEST CABINS NEEDED: _____ NUMBER OF GUEST ATV _____

NUMBER OF GUEST MOTELS NEEDED: _____

NUMBER OF GUESTS:

AGE 0-11 _____

AGE 12-20 _____

AGE 21-64 _____

AGE 65+ _____

NUMBER OF OWNERS: _____ SITE _____

NUMBER OF ASSOCIATES: _____ SITE _____

UPPER LODGE KITCHEN(\$150.00/DAY):

YES: _____ NO: _____

DATES NEEDED: _____ TO _____

PHONE # _____

EMAIL _____

OFFICE USE ONLY:

DEPOSIT AMOUNT _____

DATE PAID _____

FINAL PAYMENT _____

DATE PAID _____

NOTES

Cabin # Requests

Hotel # Requests

I understand that 50% of my total group cost will be due at the time of reservation, with the remainder due 3 days prior to arrival. After that date the reservation is finalized and no changes or refunds will be authorized. Additionally, I understand that all payments must be made by the owner only.

Signature

Date

GROUP RESERVATION MANIFEST

	GUEST NAME	AGE	ARRIVAL	DEPARTURE	SITE REQUESTED
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SIGNATURE _____

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