

Cabins:

Application for Reservation 2017

Is this your first	t 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 pa	•					
Address STREET		TOWN/CIT	Y	STATE ZIP CODE		
Telephone			Email _			
DAY	EVENING	3				
Please fill out the following fo	r each person in yo	our party (includ	ling the perso	n, above, responsible	for payme	ent)
Name		Age at camp if under 18	Sharing a	cabin with	AM Me	IC mber #
1						
2						
3						
4						
5						
5						
7						
8						
Use the back of this shee A LIABILITY W	AIVER, signed by e	each member o	f your party, m	oust accompany this re	eservation.	
clarification, please contact the Re				7. 1.1000 III you. party. 1 0.1		
Dates at Camp:						
1st choice: Week#	2 nd choice: Week#	3 rd ch	noice: Week#	4 th choice: We	ek#	_
During Week 1 only, one campe	r under 14 years old m	ay stay for free v	hen accompani	ed by one Weekly full pri	ce 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 enclo	sed (\$100 per gues	st, per week): _				
OFFICE USE ONLY Rese	ervation #	Week# Amou	nt enclosed: \$	С	heck #	