Wild Skies Flat Tops Cabin

EACH ADULT STAYING IN THE CABIN MUST COMPLETE A SEPARATE FORM.

PLEASE PRINT – ALL information must be completed. All blanks must be filled in completely.

YOUR PERSONAL INFORMATION

| Full Legal Name: | | | | |
|------------------|---|------------------|------|------------|
| Home Phone: | Work Phone: | Cell: | | |
| Email Address: | | | | |
| Present Address: | | | | |
| City: | Sta | te: Zi | p: | |
| C , | EMERGENC ould we contact (List two individ- and list nearest (geographically) | uals over 18 yea | • | han persor |
| Name: | Relationship: | Phone: | | |
| Address: | City: | State: _ | Zip: | |
| Name: | Relationship: | Phone: | | |
| Address: | City: | State: | Zip: | |

- ** NOTE: No pets are allowed at any time on the premises without prior management consent and payment of fees NO EXCEPTIONS!
- ** NOTE: Smoking is not allowed inside the premises at any time. When smoking outside the premises, it is a requirement that cigarette and cigar butts BE PROPERLY EXTINGUISHED AND SAFELY DISPOSED OF. There will be a \$50 daily fee for anyone caught tossing butts on the ground around the premises.