

2009 GROUP RESERVATION FORM

Contact Information: (Contact information for internal use only and is not disclosed to outside parties)

Group Name: _____ Contact Name: _____
Address: _____ Confirmation #: _____
City: _____ State: _____ Zip Code: _____
Work Phone: _____ Fax: _____
Alternate Phone: _____ Email Address: _____

Reservation Information

Day & Date of Reservation: _____ Arrival Time: _____
Initial Group Count _____
Over 48": \$ _____ = \$ _____ # Under 48": \$ _____ = \$ _____ # Complimentary: _____
of Total Admission Tickets: _____ Total Admission Price = \$ _____

College of Fun Knowledge _____

College Start Time: _____

Group Meal Plan _____

Lunch Time: _____

Group Meal Choice: _____

Meal Total: _____

Performing Group _____

of Performers: _____

Perform Area: _____

Perform Time: _____

Items Needed: _____

Event / Party _____

Event Area: _____

Event Time: _____

Items Needed: _____

Pick Up _____

PU Time: _____

Leave Time: _____

PU Place: _____

Admission Total = \$ _____
Meal Total = \$ _____
Grand Total = \$ _____
Date Paid _____ TFStaff: _____
Deposit Amount: _____ Date Rcvd: _____
Payment Method <input type="checkbox"/> Cash <input type="checkbox"/> Check / Money Order <input type="checkbox"/> Discover <input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> AX

Notes:

Our group understands and agrees to abide by Thunderfalls contract policies and procedures.
Group Leader Signature: _____ Date: _____
Thunder Falls Signature: _____ Date: _____
Reservation Made By: _____ Date Reservation Made: _____ GM Approval: _____ Approval Date: _____
Contract Updated on: _____