



WINDHAM MOUNTAIN RESORT

Group Name: _____

Contact: _____ Cell #: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Secondary #: _____

Email: _____ Fax: _____

ETA: _____ Group Size: _____

Trip Date: _____ Rain Date: _____

Products:

Skyride (Age 7 & up): # _____ x \$10/ea = \$ _____

6 and Under: **Free**

*A \$250 deposit is required at the time of booking for damage and cleanup.
Deposit will be refunded in full if there is no damage to the grounds and cleanup
is not required*

Payment: Cash Check # _____

Total Due: \$ _____

AMEX Visa MasterCard Discover

Customer Signature (acknowledging the above):

_____ *Date:* _____

Received by: _____ *Date:* _____