

Pack trip Reservation Information

Name _____

Address _____ City/State/Zip _____

E-mail address: _____

Phone number: _____

Trip Date _____

The following information is used in selection of the horse and saddle. Please fill it out for each participant. This will help to insure a safe, comfortable trip.

	Name	Age/weight/height	Riding Experience
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

Special Dietary needs for above guest(s): _____

Pertinent medical information for above guest(s): _____

Sleeping bag and pad:(\$30.00/person/trip) : _____

Deposit sent & date: _____

A deposit of 40% of the total trip fee is required to hold a trip date. Total balance is due 45 day prior to trip start date. The deposit is nonrefundable but may be moved a later date, not to exceed one year. If notice of cancellation is received 45 days or less before trips starting date, not refunds on the balance can be made.

I understand that all deposits are non-refundable and balances 45 days prior to trip are non-refundable. Please check one of the following:

I _____ will or _____ will not be purchasing Vacation Insurance.

Name (please print)

Signature