

Taste of Camp

AT BALCONES SPRINGS

March 19th – 21st, 2010

Name: _____

Number of Adults: _____ Number of Children: _____

Names and Ages of all Children: _____

Our Address: _____

(Street)

(City)

(State)

(Zip Code)

Arrival Date: _____ Departure Date: _____

Arrival Time: _____ Departure Time: _____

Set up Request: King Bed Twin Bed Number of Twin Beds Needed: _____

***Please Note: A request of 3 or more twin beds will be fulfilled using bunk beds with guardrails.

Phone Number: _____ Best Time to Call: _____

Emergency Contact: _____ Relationship: _____

Do you have any medically related dietary concerns that may need attention during your stay?

Yes

No

If yes, please explain: _____

Please list specific food restrictions or allergies: _____

Will you be joining us for a Horseback Trail Ride?

Yes, please sign _____ members of my family up for a ride. Not this time

Please Guarantee my Reservation by: Visa Mastercard American Express

CC Number: _____

Exp Date: _____ Security Code: _____

Name as it appears on card: _____

Billing Address: _____

(Street)

(City)

(State)

(Zip Code)

Be sure to bring comfortable clothing, tennis shoes, t-shirts, shorts, casual evening attire, and a bathrobe.
To secure reservation, please fax or e-mail completed form to Jennifer Lewis

830-693-6478 or jlewis@cbsretreats.com

A Deposit of 50% will be charged upon receipt of this Reservation Form. Thank you!