

AMC Cold River Camp — Reservation Request

For period of (please give choices): 1st: _____ to _____ 2nd: _____ to _____ 3rd: _____ to _____

Preferred cabin(s) at Camp (if desired): 1st: _____ 2nd: _____ 3rd: _____

****NB: Six Day Week with Sunday Arrival – Saturday Departure**

Names (Please attach separate sheet with any additional names.)	Age (If under 18 as of July 1)	Email Address (for adults) Please print legibly
1.		
2.		
3.		
4.		
5.		
6.		

AMC Membership (Number and type, if member) _____

Address _____ **City** _____ **State** _____ **ZIP** _____

Cell Phone # _____ **2nd Phone** _____ **Car License Plate #** _____

Reservation Deposit Enclosed \$ _____ (\$200/person/week in July/August or \$100/person/week in Sept.)

Emergency Contact or Family Physician (optional) _____ **Phone #** _____

If this is your first time at Cold River Camp, how did you hear about it? _____

You must please include with this form:

- Check payable to AMC - Cold River Camp
- Completed AMC Liability-Waiver Form for family/party signed by each adult member
- Business-size (#10) self-addressed, stamped envelope

Signature: _____ **Date:** _____