

Ropes Course Request Form

This form **must be** returned to: Josh Boltz
925 Roundtop Road
Lewisberry, PA, 17339
Phone 717 432-9631 x3723
FAX 717 432-2949

A minimum of two weeks is required for scheduling.

Submitting this form **does not guarantee** confirmation of your program.
We will send you Confirmation Information if we can accommodate your request.

Account # (office use only) _____ Rate Quoted _____ Number of Participants _____

Requested Date _____ Requested Time _____

Name of Organization/Group: _____

Name of Contact: _____

Street address _____

City _____ State _____ Zip Code _____

Phone: Day Time # _____ Cell Phone: _____

Email address # _____

Billing address (if different):

Street address _____

City _____ State _____ Zip Code _____

PLEASE CIRCLE YOUR TYPE OF GROUP: (minimum size group is 10 people)

Youth (ages 8 -18) Adult (age 18 +) Corporate Group Athletic Team

PLEASE CHECK THE TYPE OF PROGRAM YOU ARE REQUESTING:

- 4 hr. low, high, or both Party (3 Hours)
 5 hr. low, high, or both Other _____
 6 hr. low, high, or both

DEPOSIT AMOUNT REQUIRED TO CONFIRM YOUR RESERVATION:

FORMULA (# OF PARTICIPANTS x COST PER PERSON):

EXCEEDS \$500.00>>>> YOUR DEPOSIT IS \$200.00

LESS THAN \$500.00>>> YOUR DEPOSIT IS \$100.00

DEPOSIT REFUND POLICY:

1. If you cancel your reservation two or more weeks before your scheduled date and you can not reschedule a new date, we will refund your deposit.
2. If weather conditions are determined unsuitable by the Ropes Course Manager, the event will be rescheduled.

PLEASE SIGN AND DATE YOUR REQUEST AND INDICATE DEPOSIT PAYMENT METHOD

Check enclosed* Calling our office with Credit Card information

* Make Checks payable to Ski Roundtop

SIGNATURE _____ DATE _____