

## RESERVATION FORM

Name:		
Address:		
CITY, STATE, ZIP:		
PHONE(s):		
EMAIL ADDRESS:		
Names of other guests in	YOUR PARTY (LIST AGES FOR CHILDREN):	
	PM CHECK OUT BY 11;00 AM EMENTS HAVE BEEN CONFIRMED	
ARRIVAL DATE:	ARRIVAL TIME:	
DEPARTURE DATE:	DEPARTURE TIME:	
SPECIAL DIETARY/OTHER	CONSIDERATIONS:	
HOW DID YOU LEARN ABO	ut Da Woods?	
ROOMS BEING RESERVED:		
DA RED HOUSE (PRIVATE BATH	H) \$110/NIGHT	
DA GREEN HOUSE (SHARED BA	АТН) KING ROOM <b>\$75/NIGHT</b>	
DA GREEN HOUSE (SHARED B	BATH) QUEEN ROOM <b>\$60/NIGHT</b>	
ROLL-A-WAY BED <b>\$25/NIGHT</b>		
	AL EVENT WEEKENDS. A TWO NIGHT MININ	E ENTIRE STAY, WHICHEVER IS GREATER, IS MUM AND FULL PAYMENT IS REQUIRED FOR
AMOUNT ENCLOSED:		
CANCELLATIONS ARE ACCEPTE	ED UP TO TWO WEEKS PRIOR TO THE DATE(S	S) RESERVED; DEPOSIT WILL BE RETURNED

LESS A \$15 ADMINISTRATIVE FEE. AFTER THAT, IF CANCELLED ROOMS ARE RENTED TO SOMEONE ELSE, THE DEPOSIT

LESS A \$15 ADMINISTRATIVE FEE WILL BE REFUNDED.