



2018-19 SEASONAL CLUB
RESERVATION FORM

NAME OF CLUB: _____

Club Leader's Name: _____

Total Number in Club: _____

Online Registration: Advisor Only _____ Individuals Only _____ Both Advisor & Individuals _____

Club Registration Dates: Oct 15 _____ Nov 15 _____ After Nov 15 Regular _____

Mailing Address you prefer: _____

City: _____

State: _____

Zip: _____

Telephone Daytime: _____

Evening: _____

Email Address:(Required-Please print neatly or type) _____

Info below is for School Clubs only:

School Name: _____

School Address: _____

(If different from above)

Arrival Time: _____

Number of Buses: _____

Number of Visits: _____

Photos for ID: Individuals Come In _____ Advisor Email Photos _____ Advisor Send CD _____

How should Snow Trails contact you: _____

Telephone

Email (preferred)

Program Types: (Check all that applies)

Once-a-Week

Everyday

Select Day and Time Period (bus transport groups only)

Monday AM PM

Tuesday AM PM

Wednesday

AM PM

Thursday AM PM

Friday AM PM

Saturday

AM PM

Sunday AM PM

Season Freedom (Anytime Group)

If necessary, schedule Snow Trails photographer: Before School Lunch Period After School

Complete this form in order to guarantee your spot.

Do not change days without checking availability with Snow Trails.

Mail, email, or fax your form to the attention of Bob.

FAX: 419-756-8031 EMAIL: bob@snowtrails.com