

St. Elias Alpine Guides, LLC & Copper Oar, LLC

Day Adventure Reservation

Client Names(s) _____

Reservation:

Day Trip Name: _____

Date: _____

Number of Clients: _____

Ages: _____

For Office Use: on calendar

Date of confirmation: _____

Deposit: 50%

paid in full

other _____

Balance due: _____

If flying, weights of clients (for raft trips and fly-in hikes only): _____

Where will you be staying prior to your trip with us? _____

Notes:

Deposit Payment Type:

Credit Card Number: _____ Expiration: _____

Billing address: _____

Check or Money Order will be sent

Other: _____

Contact Information:

Phone Number: _____

Email Address: _____

How did you hear about us? Kennicott Glacier Lodge Wrangell Mountain Air

Internet (specify): _____ Travel Guide (specify): _____

Other: _____

THANK YOU FOR YOUR RESERVATION!