



GROUP RESERVATION FORM

PO Box 295, Hunter, NY, 12442
FAX: 518.263.4521

2010



GROUP NAME: _____

GROUP LEADER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ CELL PHONE: _____

E-MAIL: _____ May we contact you via e-mail? Yes No

FAX: _____ TOTAL IN GROUP: _____ BUS CAR

ETA: _____

**Group Rate Tickets are Available for Sunday Only.
Group Rate Tickets are NOT Available for Saturday.**

1 Complimentary ticket for every 40 Full Admission purchased.
Reservation is required by April 16, 2010 to secure your space.
Payment must be made in full upon arrival to the event.

Sunday, April 25 _____ Full Admission @ \$42 = _____

_____ Designated Driver @ \$20 = _____

Office Use Only

- Cash Check # _____
- Credit Card

Total Due: \$ _____

Total Paid: \$ _____

Balance: \$ _____