



GROUP RESERVATION FORM

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groupsales@huntermtn.com



2017

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: _____

**Minimum Group Size to Receive Discount: 20 people.
Group Rate Tickets are Available for Sunday Only.
Group Rate Tickets are NOT Available for Saturday.**

1 Complimentary ticket for every 40 Group Admissions purchased.
Reservation is required by April 27, 2017 to secure your space.
Payment must be made in full upon arrival to the event.

Sunday, April 30 _____ Group Admission @ \$55 = _____

_____ Designated Driver @ \$30 = _____

**Listed prices do NOT include 8% NYS Sales Tax.
Sales Tax will be added at the time of your payment.**

Office Use Only

- Cash Check # _____
- Credit Card

Total: \$ _____

+ 8% Sales Tax: \$ _____

Grand Total: \$ _____