

JJJ WILDERNESS RANCH

PO Box 310 - Augusta, Montana 59410
(406) 562-3653 - info@triplejranch.com

RANCH RESERVATION FORM

Saddle me up!

GROUP/FAMILY NAME: _____ DATE: _____

YOUR NAME: _____

ADDRESS: _____ CITY _____ STATE _____ ZIPCODE _____

EMAIL: _____

HOME PHONE/CELL PHONE(s): _____

VACATION DATE: _____

WE WILL BE: DRIVING _____ NEED AIRPORT/HOTEL PICK UP \$75 (1-4 guests) or \$100 (5-7 guests) _____

**If using ranch transportation please see transport schedule & verify with us prior to stay – in event of delayed flight or outside of schedule, you must rent a car. Please provide flight information OR hotel name and address: _____*

May we contact you with future correspondence by email? _____

** Our weight limit for riding is 250#. While we can accommodate most special diets, we do not cater to fad diets. Please discuss any special requirements ahead of reservation to ensure we can meet your dietary requirements. **

We request 1/3 of your total charges as a deposit to reserve your vacation. Deposits must be received 10 days after booking to secure your reservation. The balance of your payment is due at the end of your stay. We prefer final payment by check. If using a credit card for balance, a 2% convenience fee will be added. Reservations for a group of 10 or more guests require a 50% nonrefundable deposit. Deposits will be refunded 50% prior to April 1st. After April 1st, deposits are non-refundable. Non-refundable deposits may be applied to a subsequent year's vacation only with applicable rates and space availability; otherwise, your deposit is sacrificed without carry over credit.

We highly recommend trip or vacation insurance for "last minute" medical or emergency cancellations. Call Travel Guard at 1-877-249-5376 or www.travelguard.com. Product #109400. Rebooking cancelled vacation for the subsequent year requires an additional 1/3 deposit and mandatory travel insurance. *If you choose to decline purchasing travel insurance, please understand that there are no exceptions to our cancellation policy.*

- Enclosed find my check for \$ _____
- Please charge my MasterCard or Visa (*circle one*) this amount: \$ _____
Account number: _____ Cardholder name: _____
Expiration Date: month ____ year _____ Cardholder address (if different from above) _____
Security Code: (3 numbers on back of card) _____

Please reserve cabin space for the following participants (if children, please note ages):

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

SIGNED: _____

Your signature confirms that you have read and accept our cancellation policy.

THANK YOU FOR YOUR RESERVATION - WE WILL SEND CONFIRMATION SHORTLY. YEHAW!!