



5801 49th St. SW; Great Falls, MT 59404

SUMMER RESERVATION APPLICATION (Please print clearly) Copy this form as necessary
Please use one form per person

NAME _____

STREET/P.O. BOX _____

CITY _____ STATE _____ ZIP _____

PHONE: _____/_____ home _____/_____ work

EMAIL ADDRESS: _____

All correspondence will be through email unless specified differently.

SEX _____ DATE OF BIRTH _____ WEIGHT _____ HEIGHT _____

OCCUPATION _____

Are you in good physical condition? _____ Any physical handicaps? _____

Have you ever had heart trouble? _____ Do you have high blood pressure? _____

Are you allergic to certain food or drink? _____ If so please state? _____

Do you require a special diet? _____ If so please state? _____

Have you ever ridden horseback? _____ If so, how recently? _____

Do you consider your riding experience as: () LIMITED () MODERATE () EXTENSIVE

How did you hear about Montana Safaris? _____

I would like to reserve the following dates with Montana Safaris for a summer trip:

1st Choice: (Date Range Ok) Dates _____

2nd Choice: (Date Range Ok) Dates _____

Cost of _____ day trip = \$_____. Enclosed find 1/3 deposit of \$_____.

We require a 1/3 deposit upon booking to confirm your reservations. No reservations will be held without a 1/3 deposit. A second 1/3 is due on or before June 1, with the remaining 1/3 due upon arrival. Summer cancellations made less than 90 days prior to trip will forfeit 1/2 of total cost of trip. Any remaining deposit may be applied to a future reservation within two years. We recommend trip insurance for your protection in the event of unforeseen circumstances. Return contract and deposit promptly to confirm your reservation.

I recognize that there is a significant element of risk in any outfitting activity associated with the outdoors, including but not limited to horseback riding. Knowing the inherent risks, dangers and rigors involved in the activities, I certify that I am fully capable of participating in these activities. I further understand the outfitter reserves the right to refuse any person he judges to be incapable of meeting the rigors and requirement of participating in the activities. I have read, understand and accept the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon us during the entire period of participation in the activities.

Signature

dates

Parent or guardian

date

If applicant is a minor, full responsibility is assumed by the signed parent or guardian