

RESERVATION FORM

This form must be filled out, signed, then mailed or faxed back to us.
P.O. Box 795, Challis, Idaho 83226 • Phone (208) 879-4700 Fax (208) 879-4700

Name _____ Birth Date _____ Height _____ Weight _____

Address _____

City/State/Zip _____

Phone _____
Home Work Fax

Cell Phone _____ E-Mail Address _____

Launch Date _____ Trip length _____ SSN _____

A Trip Price (Adult) \$ _____ x _____ = \$ _____
of Adults

B Trip Price (Child) \$ _____ x _____ = \$ _____
of Children

C Sub Total (A+B) = \$ _____

D Plus \$4.00 per Person per Day Forest Service User Fee
\$4.00 x _____ x _____ = \$ _____
of People # of Days

E Total Trip Price (add C + D) = \$ _____

F 1/3 Deposit Required to Book Trip (E÷3) = \$ _____
All Deposits and Payments are Non-Refundable

G Balance Due (E—F) = \$ _____

Make Checks Payable to: Idaho Wilderness Company

DEPOSIT INFORMATION

Summer Float Trips, balance due May 15, all other trips balance due 45 days prior to trip. Any backcountry flying associated with our river and hunt trips will be an additional charge. • **No trip is reserved until a deposit has been received.** • **All guests are required to read and sign an Acknowledgment of Risk before the trip begins.** • **We highly recommend Vacation Insurance.** Contact your travel or insurance agent for more details.

I understand all deposits and payments made to Idaho Wilderness Company are non-refundable and (please check one of the following) I _____ will or _____ will not be purchasing Vacation Insurance.

Name (please print)

Signature