

AMC Cold River Camp - Reservation Request

For period of (please give your choices):

1st: _____ to _____

2nd: _____ to _____

3rd: _____ to _____

Appalachian
Mountain Club



Preferred cabin(s) at Camp (if desired):

1st: _____

2nd: _____

3rd: _____

Names (Please attach separate sheet with any additional names.)	AMC Membership (Number and type, <u>if</u> member)	Age (If under 21 as of July 1)
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		
6. _____		

Address _____

City _____ State _____ ZIP Code _____

Contact Phone # _____

Email _____ License Plate # _____

Emergency Contact or Physician (optional) _____ Phone # _____

If this is your first time at Cold River Camp, how did you hear about it? _____

Reservation Deposit Enclosed \$ _____

- You must include with this form:**
- Check payable to AMC – Cold River Camp.
 - A business-size self-addressed stamped envelope.
 - A completed AMC **Liability-Waiver Form** for each member of your party.

Signature: _____ Date: _____