

Top three dates:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Top three cabins:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Guests included in application

<i>Name</i>	<i>AMC membership</i>	<i>Child's age &amp; gender</i>
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1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home/mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Car license plate: \_\_\_\_\_ Registration deposit enclosed: \$ \_\_\_\_\_

Emergency contact: \_\_\_\_\_

Make checks payable to AMC-Cold River Camp. Please include a self-addressed, stamped envelope with the application. Each individual or family must submit a signed copy of the AMC release form.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Please list the number of vegetarian or vegan guests in your party. If none, N/A:

Vegetarian: \_\_\_\_\_ Vegan: \_\_\_\_\_