

RESERVATION BLANK

Fill out and mail with deposit to: COUNTRYSIDE • RR 11 Box 3002 • Stroudsburg, PA 18360

NAME _____

ADDRESS _____

TELEPHONE _____ LICENSE NUMBER _____

Please Reserve (1st choice of cottage) _____ (2nd choice) _____

Date/Time of Arrival _____ Date/Time of Departure _____

On weekend reservations please fill in expected Time of Arrival –

State time here if early arrival between 10 AM and 1 PM _____ for which charge is $\frac{1}{4}$ of total weekend rate of cottage.

State time here if early arrival between 1 PM and 4 PM _____ for which charge is 10 % of total weekend rate of cottage

State time here if 5 PM arrival _____ Departure must be before 5 PM or there will be an **additional charge**.

Total Adults _____ Children _____ Ages of Children _____ Crib (Linens not supplied) _____

Deposit of \$ _____ is enclosed confirming the reservation. Balance due on arrival in cash or credit card – No Personal Checks.

Recommended by _____ or advertised in _____