

MONTANA OWL WORKSHOP RESERVATION FORM

PLEASE FILL OUT ONLINE OR RETURN THIS FORM TO:

JEANNA CLIFFORD/WPNT

P.O. BOX 39, CHARLO, MT 59824

Please reserve _____ space(s) for the Montana Owl Workshop.

Name: _____

Name: _____

Address: _____

City: _____ State _____ Zip _____

Home Phone: _____ Business Phone: _____

E-mail: _____

Accommodation: Double _____ Single _____ Share _____

(Roommate to be assigned by the tour guides)

I/We are: Non-smokers _____ Smokers _____

Enclosed please find advance payment of \$ _____. (\$500 per person)

*Please make checks payable to Wild Planet Nature Tours or WPNT

COMMENTS:

WAIVER: The undersigned acknowledges that we provide no services beyond those described in the itinerary and the dates contained therein. The undersigned further agrees to hold us harmless for loss due to injury, sickness or delay and additionally, any act of any company or party in connection with travel to or from the tour. The undersigned acknowledges that we are not an agent of or for any person, company or service provider and that our sole obligation is to provide the tour elements as described in the accompanying itinerary.

SIGNED: _____ DATE: _____

DATE: _____