



Group Contract

Name of Group _____

Group Representative _____

E-Mail _____ Phone # _____ Cell# _____

Address _____

Arrival Date and Time _____

Departure Date and Time _____

Non-refundable Damage Deposit of _____ Due By _____

Damage deposit will be credited to final invoice at time of checkout after damage assessment is completed.

Prices

_____ or more paying campers @ _____ per camper

Less than _____ paying campers @ _____ per camper

All _____ Staff @ _____ each

If cancellation before _____, 50% of deposit will be returned. After this date, no deposit will be returned.

Above prices include:

I understand that this is a binding contract and agree to the terms above. I have also read and understand TWM's rules and regulations form.

Name (printed) _____

Signature _____ Date _____

Please return this form with your deposit to :

Table in the Wilderness
P.O. Box 151
Centennial, WY 82055
(307)399-0906