

ELKHORN RANCH

27000 W. Elkhorn Ranch Road • Tucson, Arizona 85736
(520) 822-1040 • office@elkhornranch.com

APPLICATION FOR RESERVATION

Date _____

Enclosed find my check for \$ _____ (see note)

Please reserve cabin space for the following:

Please provide each person's title (Mr., Mrs., Ms., Miss, Dr., etc.), preferred nickname if applicable, and birthday and year of children.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____



Date of arrival at ranch _____

Date of departure _____

Home Address _____

Emergency contact name(s) and phone number(s)

Health Information (optional). *Consider providing information that would affect your ability to participate in ranch activities, help us keep you safe and comfortable, that would be important for emergency first aid providers. Allergies? Medications? Pregnancy?*

Phone (_____) home _____ work _____

E-mail _____

Dietary or other special needs _____

Travel Plans _____

Note: To hold a reservation, a 25 percent deposit must accompany this application. The deposit will be applied as payment for the last part of the stay. The ranch's hospitality is extended to a limited number of definite bookings. When all cabin space is reserved for a particular time period, further applications are declined. Deposits are refundable only if the space can be filled.

Travel, outdoor activities, and horseback riding involve risk. Each guest will be asked to sign a *Participant Release of Liability, Waiver of Claims, Assumption of Risk and Indemnity Agreement* upon arrival. Elkhorn Ranch will provide this agreement for your review upon request. Thanks for your cooperation.

Please be advised that, if you have minor children with you who are not members of your family, please coordinate with Elkhorn Ranch so that the parents or legal guardians of these children may sign and notarize the *Participant Release of Liability, Waiver of Claims, Assumption of Risk and Indemnity Agreement* prior to your visit. Also, consider obtaining a limited Power of Attorney from the parents or legal guardians that allows you to make basic legal decisions for and obtain medical care for the children in the event those things become necessary.

Signature of Applicant: _____

Checks should be payable to ELKHORN RANCH and forwarded with this application to the address above.