



Registration and Guest Information

Please have each group member fill in and return this form to Island Lake Lodge to finalize your reservation

Note: please submit a rooming list for groups prior to arrival

Group Organizer _____ Skiing or Snowboarding (circle)

Tour Date _____ Are you joining another party(name)? _____

Do you require ground transfer from Calgary, Cranbrook or Kalispell? YES or NO. If YES, we'll fax or email a schedule.

Name _____ **(Must be age 19)**

Address _____

City _____ Province / State _____ Postal/Zip Code _____ Country _____

Home Phone _____ Business Phone _____

Fax _____ E Mail _____

Emergency Contact: Name _____ Relation _____

Address _____

All available Phone Numbers _____

List any special dietary requirements (eg. Vegetarian, food allergies) _____

List any medical conditions – this information is required in case of emergency and is confidential (i.e. allergies, contact lenses, prescription drugs, etc.) _____

Payment Information

Please note the final payment date issued on your booking invoice. Indicate below how we should expect final payment:

Note: we will automatically take payment on the 120-day deadline.

1) Please charge the card I used for my initial deposit - current expiration date _____
mm/yy

2) Please charge another card: Visa or Mastercard # _____ Expiry _____
mm/yy

I have read, understand and accept the terms of payment, the cancellation policy, and the policy regarding late arrivals and early departures. I have been informed of the availability of insurance coverage. I understand that I will be required to sign a "Release of Liability and Waiver of Claims" upon arrival and that I meet the minimum age requirement of 19. I understand and accept that Island Lake Resort Group does not have control over the weather. As group leader (if applicable) I confirm I have informed all of my group members of the aforesaid information.

FOR OFFICE USE ONLY

Medical/Trip Cancellation Insurance ACCEPT/DECLINE

Medical Insurance ACCEPT/DECLINE

Trip Cancellation Insurance ACCEPT/DECLINE

Reservations Officer Signature _____

Signature: _____ Date: _____