

# Reservation Form

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Business Phone (\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_

DOB \_\_\_\_/\_\_\_\_/\_\_\_\_      \_\_\_ male \_\_\_ female

I subscribe to Nature Photographer.    \_\_\_ Yes    \_\_\_ No

Occupation \_\_\_\_\_

Trip Name \_\_\_\_\_ Departure Date \_\_\_\_\_

Deposit \$ \_\_\_\_\_ Payment In Full \$ \_\_\_\_\_

PLEASE NOTE: Final payment, including the cost of full coverage travel insurance unless previously declined will be charged to your credit card at 120 days prior to departure. Should you prefer to pay by check you must indicate below .

\_\_\_ I prefer to make the final payment by personal check.

\_\_\_ I prefer a single room.

Check enclosed \_\_\_ Charge to my: VISA \_\_\_ MC \_\_\_ Discover \_\_\_ AMX \_\_\_

Card # \_\_\_\_\_ Exp. date \_\_\_\_\_

I/we have read and understood the web page entitled  
Conditions & Responsibilities and agree to be bound by the  
terms stated therein.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Reservations are accepted in the order received. Phone deposits with VISA,  
MasterCard, and American Express are confirmed immediately.**

*Weldon Lee's*

**ROCKY MOUNTAIN PHOTO ADVENTURES**

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