AMC Cold River Camp - Reservation Request

For period of (please give your choices):

1st: ______________________ to ______________________

2nd: ______________________ to ______________________

3rd: ______________________ to ______________________

Preferred cabin(s) at Camp (if desired):

1st: ________________________________

2nd: ________________________________

3rd: ________________________________

<table>
<thead>
<tr>
<th>Names</th>
<th>AMC Membership</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Please attach separate sheet with any additional names.)</td>
<td>(Number and type, if member)</td>
<td>(If under 21 as of July 1)</td>
</tr>
<tr>
<td>1.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Address _____________________________________________

City ____________________________ State _____ ZIP Code __________

Contact Phone # ____________________________

Email ____________________________ License Plate # __________

Emergency Contact or Physician (optional) ______________________ Phone # __________

If this is your first time at Cold River Camp, how did you hear about it? ______________________

Reservation Deposit Enclosed $__________

You must include with this form:

- Check payable to AMC – Cold River Camp.
- A business-size self-addressed stamped envelope.
- A completed AMC Liability-Waiver Form for each member of your party.

Signature: ____________________________ Date: ______________

Appalachian Mountain Club