

For staff use only

Confirmation # _____

Processed by _____

Today's Date _____

Site: # _____

Seven Feathers RV Resort Group Member Reservation

Group Name _____

Group's Arrival Date _____ Departure Date _____

YOUR Arrival Date _____ YOUR Departure Date _____

Nights outside of your Group's dates will
be charged at our regular rates.

Site Length you will need: 60' ___ 45' ___ 23' ___ Your Total Length _____

Special Requests:

Your Last Name _____ First Names _____

Please Print

Address _____

City _____ State _____ Zip _____

Cell Phone _____ Home Phone _____

E-Mail _____

**Staying outside the group's dates? Discounts that can lower your rate:

Good Sam ___ AAA ___ AARP ___ FMCA ___ Veteran _____

Seven Feathers Casino *Players Club* Card # _____

Guest Signature _____ Date _____

**Do not send this form directly to Seven Feathers.

***All reservations are made through your wagon master.

Check-in time is 2pm or later