

A SESSIPPI SKI AREA & RESORT
*** 2009-2010 GROUP BOOKING FORM ***

Please print this document; complete the columns below and return via fax to (204) 564-2099 or email the following information to colynda@asessippi.com :

Group Name: _____

Group Representative Name: _____

Street/Box # _____ **Town/City** _____

Province _____ **Postal Code** _____

Phone: _____ **Fax:** _____

Email Address: _____

Preferred Date(s): _____

Number of Participants: # _____ **Day Trip** _____ **2 Days** _____

** Minimum of 20 Participants required!*

Alternate Date _____

This date will be booked for you if your first choice is not available.

Have you secured your accommodations? _____ **not required** _____

Would you like me to confirm availability for your group at the;

Russell Inn _____

Jolly Lodger _____

Other _____

NOTE: \$200.00 deposit is required to guarantee your space! Please do not send via email; I will call to confirm your booking and take your credit card information at that time.

THANK YOU FOR YOUR BOOKING!
WE LOOK VERY FORWARD TO HOSTING YOUR
GROUP THIS SEASON!

SEE YOU ON THE SLOPES!