

Kirch's Three Pines Marina – 2006 Reservation Form

Phone: 315-245-3830

Email: cabins@oneidalakethreepinesmarina.com

Please complete and return to P.O. Box 253, North Bay, NY 13123

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

DATES RESERVED: _____

CIRCLE ONE: APARTMENT CABIN # 1 CABIN # 2 CABIN # 3

RENTAL AMOUNT	
OTHER (BOAT, DOCK SPACE)	
SALES TAX (9.5% OF EVERYTHING)	
OCCUPANCY TAX (2% OF CABIN ONLY)	
SUB TOTAL	
DEPOSIT PAID	
BALANCE DUE ON ARRIVAL	

NUMBER OF GUESTS: _____ ARE YOU BRINGING LINENS? _____

PAYMENT METHOD: CHECK MONEY ORDER CREDIT CARD

CHECK # _____ CREDIT CARD TYPE: _____

CREDIT CARD# _____ EXP. _____

COMMENTS/ CONCERNS/ SPECIAL REQUESTS: _____

FOR OFFICE USE ONLY

DEPOSIT PAID	BALANCE PAID
DATE RECEIVED:	DATE RECEIVED
CHECK #	CHECK #
CC TYPE	CC TYPE
AMOUNT INITIALS:	AMOUNT: INITIALS: