# ATV Package Planner

Party name _____

**DATE**: Arrival_____ Departure_____ # of days_____# of nights_____

**GROUP**: Couple _____ Family_____ Men each own bed _____
Single_____

Special Needs/Medical Problems: _____

**Group skill**: NEW_____ EXPERIENCED_____PRO_____KMS per Day_____

**Special requests**: _____

Type of riding : trail____, mud___, scenic____, powder puff ____, skilled ____,
other_____

**** Please note accommodations are non-smoking. ****

| **# of people** | **# of beds** | **Total # of each** |
|---|---|---|
| 1 | 1 bed | |
| couple | 1 double bed | |
| 2 people | 2 twin beds | |
| 3-4 people | 1 double bed + 1 twin | |
| 3 people | 3 beds | |
| family | 2 double 1 twin | |
| outpost | cabin | |

**Meals:**
**No.....**Customer pays his own meals _____

Included_____Breakfast_____Lunch____Trail lunch_____Dinner/Supper_____

**Guide:** Yes_____full day_____ ½ day
_____No_____

**Permits:** Required proof of ownership of machine, proof of insurance, on person. Helmet.

Notes: _____

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Fax back completed form to: 705-856-2241 or E-mail to: **info@bristolmotel.com**

Bristol Off-Roading Outfitters Ltd.

For more help call Willy @ 705-856-2385 ext.105 www.bristolmotel.com Recreation