

War Eagle Cavern On Beaver Lake

Group Reservation Form

Contact Person: _____

Phone: Cell _____ Other: _____

Group Name: _____

Date You Wish To Attend: _____

Arrival Time: _____ **Departure Time:** _____

Activity List:

_____ Cavern Tour

_____ Gem Panning

_____ Maze

_____ Nature Paths

Participants:

_____ Adults

_____ Children 4 - 11

_____ Infants 3 - under

Does anyone in your group require special accommodations? _____

If so, please explain in detail: _____

Please fill out this additional information (If applicable)

Group Tax ID#: _____ **Issuing State:** _____

Group Address: _____

- Your group should check in at the Trading Post 15 minutes prior to your groups tour time.
- Please designate one adult to be in charge of the entire groups check-in funds.
- We accept: Cash, Check, or Credit Cards (Visa, Master Card or Discover).
- Please mail or bring a copy of your groups tax exempt form along with this reservation form.

Contact Persons Signature: _____ **Date:** _____