

N1055 Tombeau Road
Genoa City, WI 53128
262/279-5281 (office) 262/279-5847 (fax)

**Country Thunder
Room Reservation
2017**

Name: _____
Last First MI

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: (_____) _____ Evening Phone: (_____) _____

E-Mail: _____

Cell Phone Number: (_____) _____

Please check the package you would like to reserve. The rates are for standard hotel rooms.
CHECK IN IS BETWEEN 10AM and 5PM. CHECK OUT AT 10AM.

<u>Package</u>	<u>Package Price</u>	<u>Deposit</u>	<u>Dates</u>
____ 2-Night Package	\$340.00	\$175.00	Check- In: _____ Check- Out: _____
____ 3-Night Package	\$ 460.00	\$ 235.00	Check-In: _____ Check-Out: _____
____ 4-Night Package	\$ 525.00	\$272.50	Check-In: _____ Check-Out: _____
____ 5-Night Package	\$ 600.00	\$ 305.00	Check-In: _____ Check-Out: _____

No. of Guests: _____ Room rates are based on double occupancy. An additional \$10.00 per guest per night will be charged for more than 2 guests per room.

We will make every effort to accommodate your lodging requests. Please check the appropriate box below for the type of accommodations you would prefer. MUST BE 21 YEARS OLD TO BOOK A ROOM and stay here. DEPOSIT NON REFUNDABLE. NO CREDIT CARDS FOR DEPOSIT CHECK, MONEY ORDER.

OFFICE HOURS ARE MONDAY THRU FRIDAY FROM 9 AM TO 5 PM

One Reservation Form per Hotel Room

Deposit Enclosed: \$ _____ Date Received: _____ Balance Due: \$ _____

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