



SNARE LAKE LODGE RESERVATION FORM

1. Guest Information:

Name: _____

Additional Guest Name: _____

Address: _____

City/Town: _____

Postal Code: _____

Phone Number: _____

Email: _____

2. Reservation Details:

Check-in Date: _____

Check-out Date: _____

Total Nights: _____

3. Payment/Signature Authorization:

Purchase Order/Accommodation Warrant _____

Credit Card _____

- Please note that credit card details will need to be provided upon check-in

Acknowledgement: By signing this form, you agree to the following terms:

**1. Room Charge: Single Occupancy \$275.00/night + tax
 Double Occupancy \$300.00/night + tax**

2. Damages: You understand that there is no smoking in any of the rooms or in the building. You agree to be responsible for any damage incurred to the property of the room due to negligence.

Print Name

Signature

Date:

Snare Lake Lodge

Phone #: (867) 713-2700 ● sll@tlichoc.com