

Bungalow Outfitters, LLC- Summer Trip Application

41081 Bald Eagle Dr.
Lewiston ID 83501
Phone: 208-746-2829 Fax: 208-874-4332

First Name _____ MI ____ Last Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Physical or Dietary Limitation _____

Requested Summer Trip Dates (Subject to scheduling availability.)

Trip year _____

Requested Arrival Date: The evening of ___ / ___ / ___ the day before trip.

Requested Trip Dates: Starting ___ / ___ / ___ and ending ___ / ___ / ___

Requested Departure Date: The morning ___ / ___ / ___ the day after trip.

WE BUILD YOUR VACATION TO YOUR MEEDS!

What would you like to do on your trip?: _____

FEES AND RESERVATION DEPOSIT

Trip Fee \$ _____

Booking Deposit: 1/2 Required to Reserve Dates \$ _____

Remaining trip fee due in full 30 days prior to arrival
DEPOSITS ARE NON- REFUNDABLE

Signature: _____ Date: _____