



**Please note that your reservation
is not complete until we receive
a signed copy of this
letter of acknowledgement.**

Please sign and return either by FAX
or mail to Alpine Meadows Retreats.
Our FAX number is (909) 389-1148
and our mailing address is:
P.O. Box 299, Angelus Oaks, CA 92305.

Information Packet Acknowledgement

I have read the Information Packet provided by AMR fully and completely, including all sections on General, Administrative and Emergency Considerations. I understand that I am expected to provide a signed copy of this page or the AMR Management may cancel that event. I also understand that I need to provide proof of Liability Insurance within 10 days of my scheduled event and final payment of fees is due upon arrival at Camp.

Name of Representative – **PLEASE PRINT**

Signature of Representative

Date

Name of Your Organization – **PLEASE PRINT**