



Guest/Vendor Application

Name: _____

ADF Member #: _____

Address: _____

Home Phone: _____

Cell Phone#: _____

Email: _____

Item	Quantity	Amount
<i>Adults</i>		
July 25th - Aug 25th = \$70		
After Aug 25th = \$80		
At the door = \$90		
Additional fee for non-ADF members = \$25		

<i>Children (Accompanied by a Paid Guardian)</i>		
July 25th - Aug 25th = \$35		
After Aug 25th = \$40		
At the door = \$45		

<i>Families, up to 4 people over the age of 5</i>		
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July 25th - Aug 25th = \$175		
After Aug 25th = \$200		
At the door = \$225		
+ \$30 per family member over the age of 4.		
Children 4 and under are free		
TOTAL		

SPECIAL CONSIDERATIONS

Special Dietary Needs:

Medical Conditions:

Medications:

Allergies:

ARRIVAL/DEPARTURE INFORMATION

Expected Date/Time of
Arrival:

Expected Date/Time of
Departure:

EMERGENCY CONTACT INFORMATION

Name Emergency

Contact:

Relationship:

Phone #: