

MILFORD HOUSE 2020 REQUEST FORM

NAME: _____

ADDRESS: _____

City/Town _____ State/Prov. _____ Postal Code _____

PHONE: Home _____ Work _____ email: _____

(# of Adults: _____)(# of kids 12 & under: _____)(AGES at time of stay: _____) (Dog) ____ (Cat) ____

MAP – With the meal plan _____ or ALC - Some Meals _____ NO Meals _____

DATES PREFERRED:

1 Arrival: _____ Departure: _____ # of Nights _____

2 Arrival: _____ Departure: _____ # of Nights _____

3 Arrival: _____ Departure: _____ # of Nights _____

CABIN PREFERRED:

1. _____

2. _____

3. _____

4. _____

Special Requests or Allergies the Staff should know about? _____

*If you stay in the same cabin at the same time each year you will have priority for that cabin, if your someone changing to a new cabin or don't have priority I will try to fit you in the best I can. **This form has to be received by November 30th NOTE – IF YOU HAVEN'T HEARD FROM ME BY END OF JANUARY PLEASE EMAIL reservations@milfordhouse.ca to make sure I have your form.***