

MILFORD HOUSE 2021 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: _____ PETS (Dog) ____ (Cat) ____

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

DATES PREFERRED:

1 Arrivoal: _____ Departure: _____ # of Nights _____

2 Arrivoal: _____ Departure: _____ # of Nights _____

3 Arrivoal: _____ 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 dates each year (except for holidays, as some change), 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.