

Clements Canoes Outdoor Center

8295 West State Road 234, Waveland, IN 47989
866.372.7285 / 765.435.7285 - Fax: 765.435.2257

Name: _____
Group Name: _____
Street Address: _____
City/State/Zip Code: _____
Phone - Day/Evg/Cell: _____
Email: _____

CANOE TRIPS

Trip Date: _____ Number of Canoes: _____
Trip Number: _____ Trip Time: _____

KAYAK TRIPS

Trip Date: _____ Number of Kayaks: _____
Trip Number: _____ Trip Time: _____

TUBE TRIP

Trip Date: _____ Number of Tubes: _____
Trip Number: 5 Trip Time: _____

CAMPING

Check-In Date: _____ Time: _____
Check-Out Date: _____ Time: 12:00 Noon
No. of Adults: _____ No. of *Children: _____

CABINS

Check-In Date: _____ Time: after 4:00 pm
Check-Out Date: _____ Time: 12:00 Noon
No. of Adults: _____ No. of *Children: _____
No. of Cabins: _____

WALKOUT SUITE

Check-In Date: _____ Time: after 4:00 pm
Check-Out Date: _____ Time: 12:00 Noon
No. of Adults: _____ No. of *Children: _____

PAYMENT INFORMATION

Pmt. Enclosed: \$ Exp. Date: V-Code:

Visa/MC Number:

Cardholder Name:

Signature:

*Children age 12 and under.