

**Bungalow Outfitters, LLC- Summer Trip Application**

P.O. Box 1835  
Orofino. ID 83544  
Phone: 208-476-9091 Fax: 208-476-7875

First Name \_\_\_\_\_ MI \_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Physical or Dietary Limitation \_\_\_\_\_

Requested Summer Trip Dates **(Subject to scheduling availability.)**

Trip year \_\_\_\_\_

Requested Arrival Date: The evening of \_\_\_ / \_\_\_ / \_\_\_ the day before trip.

Requested Trip Dates: Starting \_\_\_ / \_\_\_ / \_\_\_ and ending \_\_\_ / \_\_\_ / \_\_\_

Requested Departure Date: The morning \_\_\_ / \_\_\_ / \_\_\_ the day after trip.

**WE BUILD YOUR VACATION TO YOUR MEEDS!**

What would you like to do on your trip?: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**FEES AND RESERVATION DEPOSIT**

Trip Fee \$ \_\_\_\_\_

Booking Deposit: 1/2 Required to Reserve Dates \$ \_\_\_\_\_

**Remaining trip fee due in full 30 days prior to arrival**  
**DEPOSITS ARE NON- REFUNDABLE**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_