Indian Blanket Ranch P.O. Box 206 Utopia, TX 78884 Office 830-966-2134 **PROPERTY NAME -**

OF GUESTS -

of Dogs-

OF CARS -

*PERSON RESPONSIBLE FOR YOUR GROUP & PAYING BALANCE

MUST COMPLETELY FILL OUT THEIR INFO & SIGN

NAME RESERVATION IS UNDER:		DATE OF ARRIVAL		DATE OF DEPARTURE	
(Write Other Guests Names Below or on Back)		/ /		/ /	
		AREA CODE AND TELEPHONE NUMBER		ONE NUMBER	
CURRENT STREET ADDRESS	CITY	STATE	ZIP		
DRIVERS LICENSE NUMBER	DATE OF BIRTH / /	VEHICLE LICENSE PLATE NUMBER			
OW ARE YOU PAYING: (Circle Make checks payable	•	loney Order	Check	Credit Card	
REQUIRED IN CASE OF	F DAMAGES: Please Prir	nt Credit Card	Informa	tion	
Credit Card Number:		Expiration Date: /			
Billing Address:					
Name on Card:		Security Code:			
and members of any jury, that of all members of the party operated by Indian Blanket Ra I hold them blameless in the person of the party. I find the	vn to whom it may conce it, WITH MY SIGNATURE I represent while they anch LLC, Property Owne he case of any property the standards of safety and ed, and management rese	rn, including med, I take full researe on the least or Hill Count loss of any kill and maintenant rves the right t	ny family, ponsibilit Lodging try Adver and or accorde to be o refuse :	Property or Ranch owner ntures. cident, injury or death to acceptable. I understand	