

# Country Joe Reservation Fax Sheet / Fax:0261-85-2829

Thank you for your inquiries and reservations. We will respond to your inquiries in a timely manner. If you do not hear from us within 24 hours, please contact us by phone.

Today's Date: \_\_\_\_ (Day) / \_\_\_\_ (Month) / \_\_\_\_ (Year)

Name	
Postal Address	Postal code ____
Contact Info	Phone Number ____ - ____ - ____ <b>*Phone number must be filled in.</b> Fax ____ - ____ - ____ Mobile Phone ____ - ____ - ____
E-mail:	____ @ ____
Stay Schedule	From ____ (Day) / ____ (Month) / ____ (Year) to ____ (Day) / ____ (Month) / ____ (Year) Number of nights ____
Desired Plan * <input type="checkbox"/> Please check the following.	<input type="checkbox"/> Breakfast and dinner <input type="checkbox"/> Breakfast only <input type="checkbox"/> No meal (weekdays only) <input type="checkbox"/> Lift pass not included <input type="checkbox"/> Lift pass included <b>Type of lift pass</b> <input type="checkbox"/> 1-Day Lift Pass    Number of adult's passes ____    Number of children's (under 12) passes ____ <input type="checkbox"/> 1.5-Day Lift Pass    Number of adult's passes ____    Number of children's (under 12) passes ____ <input type="checkbox"/> 2-Day List Pass    Number of adult's passes ____    Number of children's (under 12) passes ____ <input type="checkbox"/> 2.5-Day List Pass    Number of adult's passes ____    Number of children's (under 12) passes ____ <input type="checkbox"/> Early Season 1-Day Lift Pass    Number of adults' passes ____    Number of children's (under 12) passes ____ <input type="checkbox"/> Spring Season Lift Pass    Number of adults' passes ____    Number of children's (under 12) passes ____
Number of guests (Breakdown) Total number of people ____	Number of adults ____ <small>Anyone over the age of 12 will be charged as an adult.</small> Number of male guests ____    Number of female guests ____ Number of children ____ <small>between ages of 4 and 12</small> *Should adult's meal is desired, please make a reservation as an adult. Number of infants ____ <small>No meal and bedding for age of 3 and under</small> <input type="checkbox"/> Beddings required for infants (525 yen per night)
Number of rooms	Number of rooms ____    Number of occupants per room ____
Transportation method	<input type="checkbox"/> Cars    Number of cars ____ <input type="checkbox"/> Train <input type="checkbox"/> Bus Estimated time of arrival ____
Is this your first time staying with us?	<input type="checkbox"/> First time <input type="checkbox"/> Have been here before
Any special requests and needs	