



Confirmation of Reservation and Deposit Grafton River Adventures

215 West Water Street, PO Box 429; Grafton, IL 62037
(618) 786-7678; Fax: 618-786-2759; agraftonharbor@grafton-il.net

Group Name: _____
Occasion: _____
Contact/Business Name: _____
Address: _____
City, State, Zip: _____
Phone: _____
Email: _____

Billing Information

Name As It Appears On Card: _____
Authorized Signatory: _____
Address: _____ Confirmation #: _____
City, St, Zip: _____ Card #: _____
Phone: _____ Exp. Date: _____ Code: _____
Email: _____ Balance Due Date: _____

For the deposit of \$ _____ Grafton River Adventures confirms the reservation of a
_____ chartered _____ daily cruise on the Hakuna Matata at _____ (time) on _____ (date) for _____ (length).

Estimated Price

Chartered Cruise Price: \$ _____
_____ additional persons at \$ _____
_____ adults at \$ _____
_____ seniors at \$ _____
_____ children at \$ _____
_____ 2 and under at \$ _____
_____ general tickets at \$ _____
Total: \$ _____
10% Tip: \$ _____
Grand Total: \$ _____
Deposit Price: \$ _____

Final Totals

Chartered Cruise Price: \$ _____
_____ additional persons at \$ _____
_____ adults at \$ _____
_____ seniors at \$ _____
_____ children at \$ _____
_____ 2 and under at \$ _____
_____ general tickets at \$ _____
Subtotal: \$ _____
10% Tip: \$ _____
Grand Total: \$ _____
Less Deposit: \$ _____
Final Balance: \$ _____

NOTES

AUTHORIZED SIGNATURE: _____ Date: _____