



Piragis Northwoods Company

Reservation Information Guided Trips

PLEASE PRINT/PLEASE FILL OUT COMPLETELY

fax: 218-365-6220 • www.piragis.com • local: 218-365-6745

105 North Central Avenue • Ely, Minnesota 55731 • 1-800-223-6565

Guided Group Trip Name _____ Year _____

Trip DATES (trips have multiple dates) DEPART: _____ END: _____

Name _____

Address _____

City _____ State _____ Zip _____

Phone (day) _____ (evening) _____

E-mail address _____

Spouse or Additional Tripper _____

Address _____

Additional Tripper _____

Address _____

Additional Tripper _____

Address _____

RESERVATIONS

A \$300 deposit, along with a completed reservation form, will reserve a place for you on one of our Guided Group Trips. The balance of the payment is due three months before departure.

Trip prices include hotel accommodations for first and last night in Ely, canoes, guides, and group equipment. Prices do not include tips for guides. Prices quoted are in U.S. dollars, and all payments must be made in U.S. dollars.

All trips are available on a custom basis for your group.

REFUNDS & CANCELLATIONS

Piragis Northwoods Company reserves the right to cancel a trip because of inadequate enrollment. If this happens, you will receive a full refund of fees paid to us, but we cannot cover other arrangements you have made.

If you must cancel your reservation, we will make a full refund less \$50 for servicing costs. Any cancellation less than 30 days of the trip start date: **NO REFUND OF THE DEPOSIT.**

Trip itineraries are subject to slight change. Very rarely, fees must be increased to cover costs of that increase.

**Call or email
Drew Brockett or
Adam Macht with
Questions
1-800-223-6565
drew@piragis.com
adam@piragis.com**

I have read the above policy concerning reservations, refunds, cancellations and trip insurance. (Sign below)

Signature _____ Date _____

Additional Initials: _____ Payment: Check# _____ Amount: \$ _____

Charge my credit card as payments become due: Visa _____ MasterCard _____ American Express _____ Discover _____

Account # _____ Expiration Date _____

Signature for Payment _____ Date _____

*** PLEASE NOTE: EACH CLIENT MUST SIGN PARTICIPATION AGREEMENT ***