

Birch Island Resort

RESERVATION FORM

(Please submit this form with your deposit)

Name _____ Date _____
Address _____ Number of Persons _____
City & State _____ Zip _____ Adults _____
Phone Number _____ Children _____
Arrival Date _____ 3:00 pm
Departure Date _____ 9:00 am
Deposit Enclosed \$ _____

MAIL TO: Birch Island Resort • N8221 E. Wilson Flowage Rd., Phillips, WI 54555
Phone: 715-339-3151

Signed _____