

SCHOONER Timberwind



Please print, fill and mail complete reservation form to **Schooner Timberwind, PO Box 247, Rockport, ME 04856**. **If you have any questions please call us at 1-800-759-9250**

Full payment must be received no less than 6 weeks prior to sailing. All rates are per person and subject to applicable state tax. If cancellation becomes necessary less than 30 days before sailing, your payment will be refunded only if space can be rebooked. A 10% per person bookkeeping fee will be charged on all cancellations

Charter Rates Available

Your Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone (Day): _____ (Night): _____

Email: _____

Departure Date of Your Cruise: _____ Second Choice of Departure Date: _____

Please list the names and addresses of any others in your party:

Does any member of your party have any allergies, physical conditions or dietary needs that you feel we should be aware of to better accommodate your needs? _____

How did you hear about us? _____

A deposit of \$350 per person is required to confirm all reservations.

Please enclose a check payable to: Schooner Timberwind.

Total # of Persons: _____ Total Enclosed: _____ Personal Check # _____

Or, we accept Master Card Visa

Number: _____ Exp Date: _____

Signature: _____

Thank You!