



Residential Reservation Application

Applicant Information

Name: _____
Phone: _____ Date of Birth: _____ Marital Status: _____
Address: _____
City: _____ State: _____ Zip: _____

Second Applicant

Name: _____ Relationship to Applicant: _____
Phone: _____ Date of Birth: _____ Marital Status: _____
Address: _____
City: _____ State: _____ Zip: _____

Primary Contact

Name: _____ Relationship to Applicant: _____
Phone: _____ Date of Birth: _____ Marital Status: _____
Address: _____
City: _____ State: _____ Zip: _____

Secondary Contact

Name: _____ Relationship to Applicant: _____
Phone: _____ Date of Birth: _____ Marital Status: _____
Address: _____
City: _____ State: _____ Zip: _____

Deposit Make check payable to: **Rising Mountains** **DATE OF DEPOSIT:** ___/___/___

Amount: \$ _____ Room#: _____ Move in Date: ___/___/___

If deposit is to be returned where would you like a check mail to:

Name: _____

Address: _____
City: _____ State: _____ Zip: _____

Mail to: 225 Coverdell Rd., Bigfork, MT 59911 • **Phone:** (406) 837-2698 • **Fax:** (406) 837-2529