



Eagle River's
Last Resort

Reservation Confirmation Form

Please call and confirm available dates and cabins before mailing: **(715) 479-7333**

Check in 3:00 P.M. Check out 9:00 A.M.
Please, No Pets, No Smoking, No Guests

Mail signed and completed form with deposit to:

Summer Address (June, July, and August)

The Last Resort
1957 Otter Lane
Eagle River, WI 54521

Winter Address (September - May 31st)

The Last Resort
6778 Skyline Drive
Delray Beach, FL 33446

NAME _____ PHONE () _____
ADDRESS _____
CITY _____ STATE ____ ZIP _____
EMAIL _____

We would like to reserve cottage # _____ for the week of Saturday, _____
to Saturday, _____ for _____ Adults and _____ Children, Ages _____
_____. Enclosed is a deposit of 50% in the amount of _____.

CRIBS REQUIRED ____ HIGH CHAIRS ____ OUTBOARD MOTOR ____

We understand that we assume responsibility for the loss or breakage of equipment or
furnishings. We have read and understand the terms and conditions of rental and we will abide by
them including the No Smoking on the premises policy.

Signed _____ Date _____

Print Name _____

**Thank you for choosing The Last Resort in Eagle River, WI. Final written confirmation will
be sent upon receipt of this form & deposit.**