

SPRING MILL INN
 SPRING MILL STATE PARK
 P.O. BOX 68
 MITCHELL, IN 47446
 877-9SPRING
 FAX (812) 849-4878
 tchastain@dnr.in.gov

GROUP NAME: SO. INDIANA CLERKS ASSOC.

ARRIVAL DATE: March 12, 2012 DEPARTURE DATE: March 13, 2012

GROUP MSTR/LDR# 31212S

Please find below the types of rooms reserved for your group. Please mark the total number and the type of room you wish to reserve in the appropriate space provided.

# ROOMS	CHOICE 1 st & 2 nd	ROOM TYPE	ROOM CHARGES
_____	_____	DOUBLE (1 double bed)	\$72.00
_____	_____	QUEEN (1 queen bed)	\$84.00
_____	_____	DOUBLE DOUBLE (2 double beds)	\$84.00
_____	_____	QUEEN QUEEN (2 double beds)	\$92.00

ALL ROOMS ARE NON SMOKING

Rooms will be assigned on a *"first come first serve basis"*.
RESERVATIONS ACCEPTED VIA US MAIL, EMAIL (tchastain@dnr.in.gov) OR FAX ONLY!!

A deposit equal to the first night's lodging per room/first night only or each room you reserve is **required by February 24, 2012**. After this date your group's rooms will be released. **Please return this form with a check for the first night stay, or include your charge card information, which can be charged the day this reservation is made.** The deposit will be refunded if cancellation is received 4 days before your arrival date.

NAME _____

STREET _____

CITY _____ STATE _____ ZIP _____

PHONE () _____ # OF ADULTS _____ # OF CHILDREN _____

Email Address: _____

If you prefer to charge your deposit to your credit card, please complete the following:

CARDHOLDER'S NAME _____

CARD NUMBER _____ EXPIRES _____

CARD TYPE MASTERCARD VISA DISCOVER AMEX