

Rockin-R-Ranch  
Group Reservation Form

www.clevelandhayride.com  
www.hayrides.net  
www.spooky ranch.com  
Phone: 440.236.5454  
Fax: 440.236.3595

19066 East River Road  
State Route 252  
Columbia Station, OH 44028

Form must be printed out and faxed (Credit Card) or mailed (Check).

Group Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Check each event & time that apply:

<input type="checkbox"/> Old West Pumpkin Fest  Saturdays & Sundays <input type="checkbox"/> 12:00 noon - 5:00 p.m.	<input type="checkbox"/> Spooktacular Nights  Thursdays & Sundays <input type="checkbox"/> 7:00 p.m. - 9:30 p.m.  Fridays & Saturdays <input type="checkbox"/> 7:00 p.m. - 9:30 p.m. <input type="checkbox"/> 9:30 p.m. - 11:30 p.m.	<input type="checkbox"/> School Field Trip  Monday thru Friday Preferred Date: _____  Rain Date: _____  Preferred Time: _____
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Preferred date & day of outing: \_\_\_\_\_  
Approximate number in group: \_\_\_\_\_  
Special Instructions/questions: \_\_\_\_\_

Deposit = \$2.00/person - All Reservations require a non-refundable deposit of \$2.00/person. Please select deposit payment type: Deposit is applied towards event total.

Check: - Provide Check # and include date and time of your group reservation on check.

Paid by check #: \_\_\_\_\_

Credit Card: - Please provide the following information:

Name of cardholder: \_\_\_\_\_

Address of Cardholder: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Credit Card Type: \_\_\_\_\_ Exp date: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ CVC Code: \_\_\_\_\_

Check which applies: Use Card for Deposit Only:  (Last 3 digits on back of card)

Use Card for all Chagrges:

Cardholder's Authorization: \_\_\_\_\_