

# Johnstown Inclined Plane

## Group Reservation Form

**Name of Group Leader/ Person filling out form:**

**Company/Group Name:**

**Phone:**

**Phone in case of same day, emergency closing:**

**Email:**

**Address:**

**Number of people in group:** (Please be specific as to how many of each.)

Seniors -

Adults -

Children -

Students -

Chaperones -

**How will you be paying?**                      \_\_\_Cash                      \_\_\_Check                      \_\_\_Credit Card

**Date of Visit:**

**Approximate time your group will arrive:**

**Will you be beginning your visit at the top or bottom station?**

**Is this a one way trip or round trip?**

**Will you be visiting our Gift Shop and/or Ice Cream Shop?**

**Origin of Trip (City/State):**

**How did you hear about the Incline?**

**Overnight or Day Trip: (If overnight, how many days?)**

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_