

# Birch Island Resort

## RESERVATION FORM

*(Please submit this form with your deposit)*

Name \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_ Number of Persons \_\_\_\_\_  
City & State \_\_\_\_\_ Zip \_\_\_\_\_ Adults \_\_\_\_\_  
Phone Number \_\_\_\_\_ Children \_\_\_\_\_  
Arrival Date \_\_\_\_\_ 3:00 pm  
Departure Date \_\_\_\_\_ 9:00 am  
Deposit Enclosed \$ \_\_\_\_\_

**MAIL TO:** Birch Island Resort • N8221 E. Wilson Flowage Rd., Phillips, WI 54555  
Phone: 715-339-3151

Signed \_\_\_\_\_