

**SACO VALLEY CANOE
PO Box 74
Center Conway, NH 03813**

RESERVATIONS

Name: _____

Address: _____

Phone#: _____

MasterCard / Visa #: _____

Or Check / Money Order for half of the rental fee.

Number of Canoes: _____

Number of People: _____

Males: _____

Females: _____

Children: _____

Date(s) Desired: _____

Transport:

_____ **Own Vehicle**

_____ **Shuttle**

Put-in: _____

Take-out: _____

**2 Week
Cancellation Notice Required
Special 3 Day Weekend Rates**