MOUNTAIN BABY OUTFITTERS, LLC
DELIVERY FORM

NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____
ZIP CODE: _____
Email:_____

DELIVERY INFORMATION:

□ **Hotel/Motel** □ **Resort** □ **B&B** □ **Vacation House** □ **Condo** □ **Apartment** □ **Private Residence** □ **Other**

Delivery Location Name:_____
Address:_____
City:_____
Property Management Contact:_____
Property Management Phone #:_____

Delivery Date:_____

Pick-up Date:_____

****** Please note: ******
Delivery hours are 10:00am - 3:00pm, unless other arrangements have been made with Mountain Baby Outfitters, LLC

Equipment must be ready for pick-up by 10:00am on the day of pick-up, unless other arrangements have been made with Mountain Baby Outfitters, LLC.

CHILDREN USING THE EQUIPMENT:

(This information is needed for safety reasons to ensure child meets age & weight requirements provided by the Manufacturers)

FIRST NAME:	GENDER:	AGE:	WEIGHT:
	□ Male □ Female		
	□ Male □ Female		
	□ Male □ Female		
	□ Male □ Female		

Billing Address:_____
_____
_____
Billing Phone #:_____

How did you hear about us?

_____

□ **Please check here you have read and agree to Mountain Baby Outfitters LLC Rental Agreement, Terms and Conditions and Release of Liability.**