



# 2020 Brooks Lodge Lottery

## Application

Full First Name	M.I.	Last Name	Phone Number	
Address		E-mail Address (for notification of lottery results)		
Address 2				
City	State/Province	Zip/Postal Code	Country	<b>\$25.00 per room application fee</b>

Number of persons in your party \* \_\_\_\_\_ Number of Rooms Requested: \_\_\_\_\_ x \$25 per room entry fee  
 \*20 persons maximum 5 max

Number of Nights requested\* 1    2    3    4    5  
 \* 3 nights is the maximum stay if 1 or more nights are during July.

I will accept fewer nights if that is all that is available: YES    NO    I will take \_\_\_\_\_ nights

I want to include:  
                     Flights from Anchorage                      Flights from King Salmon                      Valley of 10,000 Smokes Tour

I would like to book one of these exact dates or during one of these date ranges:  
*(Please make your first choice the exact start date that is your MOST preferred.)*

1st Choice                      to \_\_\_\_\_  
 \_\_\_\_\_

2nd Choice                      to \_\_\_\_\_  
 \_\_\_\_\_

3rd Choice                      to \_\_\_\_\_  
 \_\_\_\_\_

4th Choice                      to \_\_\_\_\_  
 \_\_\_\_\_

5th Choice                      to \_\_\_\_\_  
 \_\_\_\_\_

6th Choice                      to \_\_\_\_\_  
 \_\_\_\_\_

Comments:

**PASSENGER INFORMATION**

This information is required for booking flights. Please provide as much information as possible.

	<b>FULL NAME (as listed on identification)</b>	<b>BIRTH DATE MM/DD/YY</b>	<b>MALE OR FEMALE</b>	<b>WEIGHT (LBS)</b>
Guest 1				
Guest 2				
Guest 2				
Guest 4				
Guest 5				
Guest 6				
Guest 7				
Guest 8				
Guest 9				
Guest 10				
Guest 11				
Guest 12				
Guest 13				
Guest 14				
Guest 15				
Guest 16				
Guest 17				
Guest 18				
Guest 19				
Guest 20				

**Returning your completed application:**

Email to: [Info@katmailand.com](mailto:Info@katmailand.com)

Fax to: 1-907-243-0649

Mail to: Katmailand Inc, 4125 Aircraft Drive, Anchorage, AK 99502